Annual Report to the Minister of Health and Minister of Healthy Living Services

For the fiscal year ending March 31, 2007

Together – Your Health, Our Future

Saskatchewan Health

Cypress Regional Health Authority

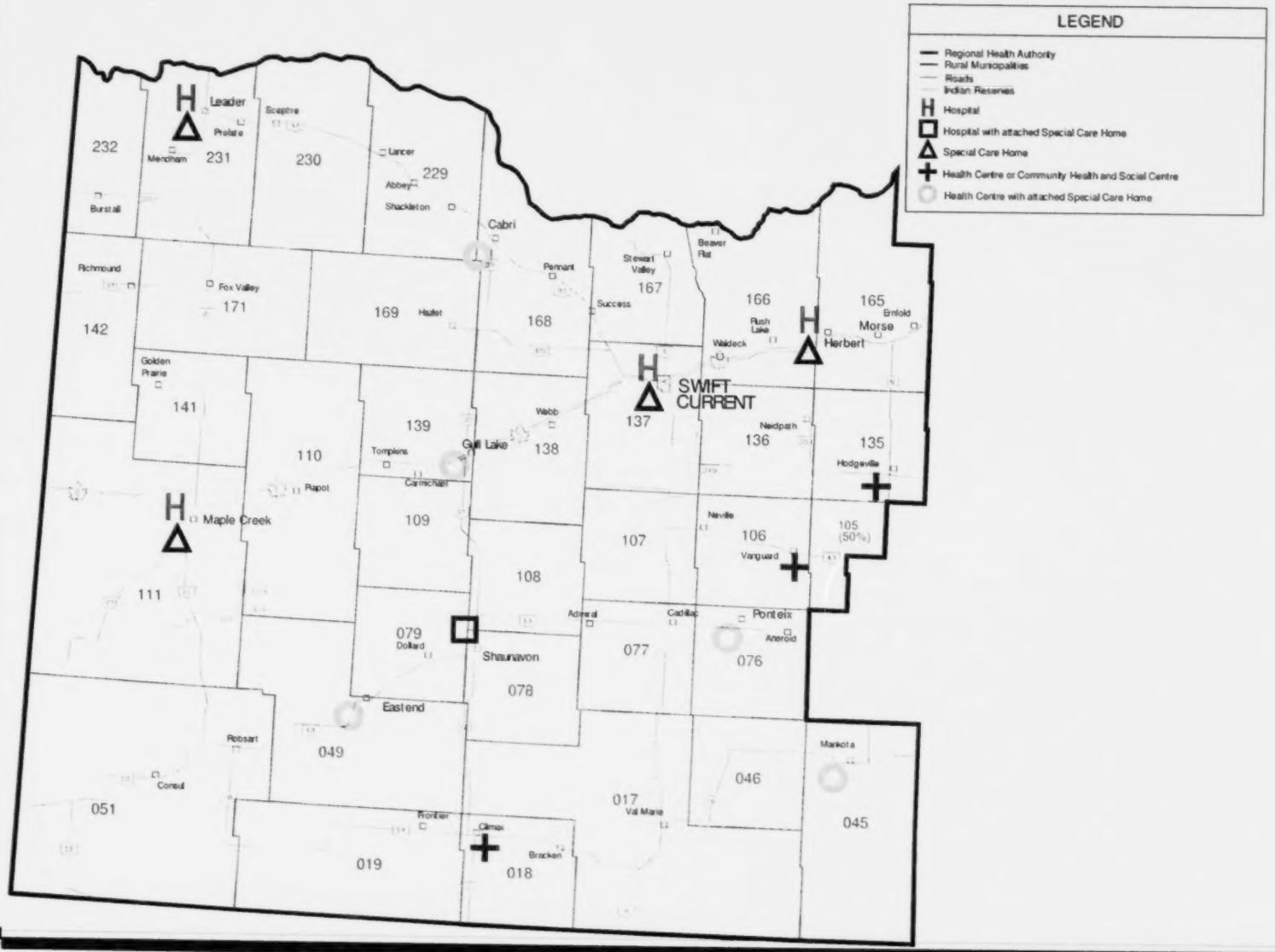


TABLE OF CONTENTS

Letter of Transmittal ..... Page 4

Who We Are ..... Page 5

Our Region ..... Page 13

2006-07 Results at a Glance ..... Page 22

2006-07 Performance Results ..... Page 24

Future Outlook/Emerging Issues ..... Page 35

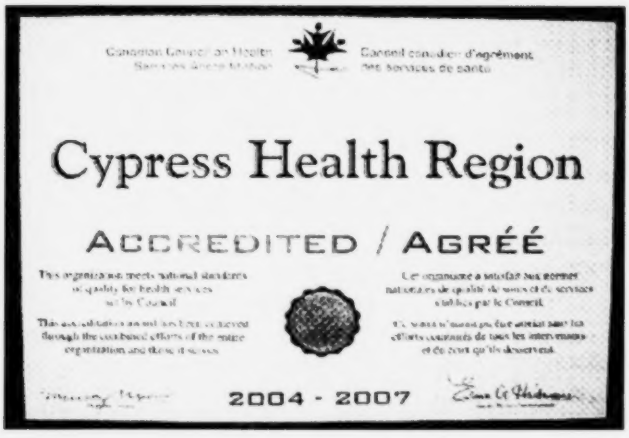
Management Report ..... Page 38

2006-07 Financial Report ..... Page 39

Governance and Transparency ..... Page 60

Payee Disclosure Lists ..... Page 63

Performance Management Summary (Indicator Tables) ..... Page 64



The Cypress Health Region's *Annual Report to the Minister of Health and Minister of Healthy Living Services for the year ending March 31, 2007* can also be accessed on the health region's website: www.cypresshealth.ca

LETTER OF TRANSMITTAL

TO: The Honourable Len Taylor
Minister of Health

and

The Honourable Graham Addley
Minister of Healthy Living Services

Dear Minister Taylor and Minister Addley,

The Cypress Regional Health Authority is pleased to provide you and the residents of the health region with its 2006-07 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2007.

On behalf of the members of the Cypress Regional Health Authority, I would like to acknowledge the successes that our health region has enjoyed over the 2006-07 fiscal year. Of note, we would like to recognize:

- the naming of Jim Hornell as Chief Executive Officer following an intensive recruitment effort;
- the Grand Opening and Ribbon Cutting ceremony to recognize the opening of the Herbert & District Integrated Health Facility;
- the progress achieved on the construction of the new Cypress Regional Hospital in Swift Current;
- the substantial efforts made towards the development of a three year Strategic Plan along with the consultations that occurred with major stakeholders; and,
- the multidisciplinary efforts towards enhancing the quality of care that is provided and the workplace environment for our employees.

The contributions of our staff and physicians are essential to the successes achieved by the Cypress Health Region. Their ongoing support and dedication to quality health care is to be commended.

We appreciate the positive working relationship that exists with the Department of Health and the support their staff has provided during the fiscal year.

Together – Your Health, Our Future

Respectfully submitted,

Ron Heeg
Acting Chairperson
Cypress Regional Health Authority

WHO WE ARE

The Cypress Regional Health Authority was established on August 1, 2002 with the proclamation of *The Regional Health Services Act.* The Authority assumed the operations of the former Rolling Hills, Southwest and Swift Current Health Districts as of this date. The Cypress Regional Health Authority (RHA) is one of 12 Regional Health Authorities that exist within the province.

The Minister of Health is responsible for the overall strategic direction of Saskatchewan's health system, determines provincial health service priorities, and allocates resources for service delivery. The Regional Health Authority is responsible for the planning, organization, delivery and evaluation of the health services it provides within its boundaries.

An *Accountability Document* between each RHA and Saskatchewan Health further specifies the organizational, program and service expectations for each RHA, and links expectations with funding.

The Cypress Health Region is supportive of the strategic direction set out in the provincial government's *Action Plan for Saskatchewan Health Care.* In consideration of this support, the RHA developed a series of strategic statements that reflect the *Action Plan's* provincial approach to continuous improvement and our commitment to health care quality for the people of southwest Saskatchewan.

The health region's strategic statements align with Saskatchewan Health's goals and are directed towards the provincial Vision of:

"Building a province of healthy people and healthy communities".

The Cypress Vision

Together – Your Health, Our Future

The Cypress Values

Quality Compassionate Care
Integrity and Accountability
Innovation and Learning
Respect for Diversity
Shared Responsibility for Improving Health

These value statements have been established to guide the many decisions that are made regarding the delivery of health programs and services throughout the health region.

Every value statement plays a role in the decision-making processes that occur. For example, a focus on "quality compassionate care" has been demonstrated through the region's ongoing involvement in the *Safer Healthcare Now!* initiative, participation in Health Quality Council's (HQC) Acute Care Patient Experience Survey, and serving as a pilot site for HQC's Drugs in Long Term Care improvement project.

"Innovation and learning" has been evidenced by early adoption of MDS (minimum data set) in Home Care, with the health region becoming one of the first regions in the province to have all home care staff trained and implementing this client assessment tool.

The Regional Health Authority is also guided by a series of policies and procedures that provide a framework for its governance responsibilities. A "Code of Conduct" policy and procedure speaks to the expectations of individual RHA members:

> *"The RHA expects of itself and its members ethical and businesslike conduct. It expects its members to treat one another and staff members with respect, cooperation and a willingness to deal openly on all matters."*

The health care environment is one where ethical dilemmas can present themselves when two or more values, or two or more individual perceptions of decision-making, are in a conflicting position. The Ethics Committee was created to address ethical issues as they arise due to daily operational issues or more strategic decision-making processes. The Committee is comprised of health region staff and RHA representatives, along with several members of the community.

Cypress Goals and Objectives

Goal #1 – Improved access to quality health services

Objectives

- Responsive, coordinated primary health care
- Reduce waiting times for surgical procedures
- Improve emergency medical care
- Improved hospital, specialized service, and long term care

Goal #2 – Effective health promotion and disease prevention

Objectives

- Better promotion of health and disease prevention
- Improve the health of populations at risk

Goal #3 – Retain, recruit, and train health providers

Objectives

- Improve utilization and availability of health human resources
- Develop representative workplaces
- Create healthier, more effective workplaces

Goal #4 – A sustainable, efficient, accountable, and quality health system

Objectives

- Ensure quality, effective health care
- Appropriate governance, accountability, and management for the health sector
- Sustain publicly funded and publicly administered Medicare

Strategic Plan 2007-2010

During the 2006-07 year, the RHA and management were involved in the development of a three-year strategic plan, which will lay the foundation to meet long-term goals and demonstrate progress consistent with the region's vision statement. The plan was prepared in accordance with the *Action Plan for Saskatchewan Health Care*, provincial performance measures, the Canadian Council on Health Services Accreditation framework and standards, and the health region's vision, values, goals and objectives.

The plan includes a strategic "scorecard" which will serve as a key summary tool to guide staff with operational planning and the RHA's desire to be accountable and transparent. In addition, the establishment of targets and trending of results will address performance measure requirements of all stakeholders, including the office of the Provincial Auditor.

The *Strategic Plan 2007-2010* provides the blueprint for achieving the following strategic priorities: Rural Health Strategy, Primary Health Care, Recruitment and Retention, and A Culture of Safety. It includes minor revisions to the RHA's value statements and goals/objectives which will reflect the emphasis on "safety" for clients and staff.

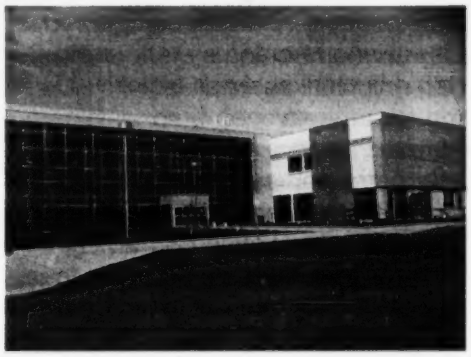
The *Strategic Plan 2007-2010* can be accessed by visiting the health region's website at www.cypresshealth.ca.

Programs and Services

Approximately 1,650 staff provides a wide variety of facility-based and community-based programs and services across the health region.

Hospitals/Acute Care

The Cypress Regional Hospital in Swift Current offers a comprehensive range of acute clinical services including general medicine, emergency, general surgery and anesthetic services, obstetrics and gynaecology, paediatrics, internal medicine, on-site radiology, inpatient psychiatry and an intensive care unit. Secondary specialty services such as ophthalmology, urology and a host of visiting specialties that travel to provide services also play a prominent role at the regional hospital.



Residents of southwestern Saskatchewan are anxiously awaiting the transfer of programs and services to the new Cypress Regional Hospital, which is anticipated to officially occur at the end of April 2007. This construction project will provide state-of-the-art acute care programs and services and will serve as the newest acute care facility in the province.

Four community hospitals in Herbert, Leader, Maple Creek, and Shaunavon offer general medicine, emergency services, basic laboratory and diagnostic procedures, and observation/ convalescent/palliative care.

Six health centres provide access to a variety of services such as observation/convalescent/ palliative care, basic laboratory and diagnostic procedures, and outpatient care.

Specialized Acute Care Services
The Cypress Regional Hospital provides a multi-slice computerized tomography (CT) scanning service, an award winning six-station renal dialysis unit and a Community Oncology Outreach Program.

Institutional Supportive Care
Long-term care services are provided in 12 communities across the health region. The program is offered in a variety of standalone long-term care facilities and integrated facilities (i.e. with a health centre or acute facility).

Emergency Medical Services
A total of 21 ambulances based in 12 ambulance service sites across the health region provide EMS services to the residents of southwestern Saskatchewan – 7 region-operated and 5 municipal or privately operated. The EMS services made a total of 3,246 trips over the fiscal year which is an increase of over 100 trips from the previous year.

Home Care
A full array of home-based supportive care services is available throughout the region. Regionalized case management processes and standardized assessment tools have been in place and provide consistent practices.

Primary Health Care
There are currently three designated primary health care sites in Vanguard, Hodgeville and Leader that provide primary health care services to over 11% of the region's population. Although the region has had a multitude of positive discussions with communities regarding the potential benefits of primary health care programming, the further implementation of this initiative has been challenged by the lack of a provincial model contract for physicians who are practicing in primary health care sites.

Chronic disease management has been emphasized by the region and programming has been implemented in a number of communities throughout the health region. The region and its physician partners have been nationally acknowledged for their involvement in the Health Quality Council's Chronic Disease Management Collaborative.

Community Health Services
The region provides a comprehensive set of mental health, rehabilitation, alcohol and drug assessment, and problem gambling services. All of these programs provide services to children, youth and adults.

A 10-bed unit located in the Cypress Regional Hospital provides inpatient mental health services. The unit is staffed 24 hours per day and a psychiatrist is on call at all times. The average length of stay is among the lowest in the province due to discharge planning being initiated on admission to the unit and the excellent working relationships with community based organizations and health care organizations (HCOs).

Population Health
The Population Health Promotion Strategy continues to form the model for population health programming. The Project Hope initiative was enhanced with the addition of a staff member to work specifically with youth in the region that have been involved in the Secure Detox facility and those who may fall within the *Youth Detox Stabilization Act.* The addition of a Health Promotion Coordinator has enhanced the focus on Mental Wellbeing and Substance Use/Abuse.

Region staff continues to participate in the development of the Southwest Drug Strategy where Community Action Teams have been established to develop a plan that addresses substance use/abuse within the region.

Management of Risks

Health Human Resources
Similar to other health authorities throughout the province and country, the Cypress Health Region faces the major challenge of health human resource availability. The ability to recruit and retain our health professionals (for example – physicians, registered nurses, public health inspectors, therapists, pharmacists, speech language pathologists, etc.) will continue to create issues for the continuation of service provision in some areas.

The maintenance of 24-hour registered nurse coverage has been difficult in several rural facilities. The region has partnered with the staff and union partners to maximize the use of available nursing resources and utilize registered nurses and licensed practical nurses to their full scope-of-practice. A variety of caregiver mixtures are being explored to provide the type of care required. As well, the region has emphasized ongoing discussions with municipal council leaders in identifying strategies to enhance the recruitment and retention efforts.

The health region welcomed the late-2005 release of the *Working Together: Saskatchewan's Health Workforce Action Plan* that was created to strengthen planning efforts for health human resources within the province. Regional activities that are attempting to address health human resource issues are closely tied to the five strategic goals identified within this *Action Plan.*

Extensive planning has identified a series of strategies that will lessen the risks – for example, the creation of healthy workplace programming initiatives (transfer/lifting/repositioning program,

occupational health and safety emphasis, etc.); Employee & Family Assistance Program; Employee Opinion Survey Action Team (EOSAT); ability management program; promotion of representative workforce; creation of a learning environment where continuing educational opportunities are available in a variety of mediums.

The value of a learning environment will prove beneficial as we continue to learn from the incidents that occur and through the root cause analysis investigations that follow them. As we implement best practises, change will be inevitable.

Physician Recruitment
The Cypress Health Region has a number of rural-based single physician practices, which may pose difficulties in recruiting replacements when the necessity arises. Combined with the geographic concerns and the distribution of population in our rural areas, access to physician services may become an issue.

Recruitment of specialist physicians to provide services at the Cypress Regional Hospital has posed challenging in the past.

The addition of a Medical Affairs Coordinator has noticeably enhanced the efforts to address the recruitment challenges of physicians and to develop the necessary relationships which assist in retaining these hard-to-recruit professionals. Health region officials have met with municipal and community leaders to discuss options relating to the development of primary health care services.

Financial
Although the Department of Health receives a large percentage of the provincial budget from the Treasury Board, health care costs and expenditures continue to escalate at a more advanced pace than the funding that is provided. Appropriate utilization of available financial resources has been, and will continue to be, a high priority for the future.

A series of financial-related risks have been identified below, along with a series of plans that will lessen the potential burden of these risks.

- Limited financial resources to invest in capital infrastructure – offset the risk by implementing processes and plans to identify, measure and report capital infrastructure needs to Saskatchewan Health based on a defendable capital asset management plan.
- Limited financial resources to invest in implementing research-based best practices – continual efficiencies realized in service delivery models to allow for reinvestment into best practices. With limited resources, a focused implementation plan for best practices much be initiated to ensure the region receives best value for any investment that is made.
- Increasing expectations on the health system, placing operational pressures on the region – as expectations of the government and public increase, the region communicates the impact of those increasing expectations to Saskatchewan Health to ensure the operating financial pressures are identified to enable the government and the region to work together to ensure the expectations can be met.

- Funding may be unable to keep pace with the escalating costs of the changing health care system – continual communication with Saskatchewan Health through monthly financial reporting allows the region to work with the government to identify and address operating pressures, as they are experienced. The region also implemented and continues to implement many process enhancements to streamline business processes to create operational efficiencies. The region is also focusing significant effort on monitoring sick time and overtime to reduce these costs.

Health Care Organizations

The Cypress Health Region works closely with a number of independent health care organizations and third party health service providers to deliver program and services to residents of our health region. *The Regional Health Services Act* defines a health care organization (HCO) as:

- A prescribed organization that receives funding from a RHA to provide health services; or,
- An affiliate, other than the RHA, that operates a hospital or not-for-profit special care home.

Under the legislation, HCOs must provide health services consistent with the health region's operational plan and must conduct their activities and affairs in a manner that is consistent with and reflects the health goals and objectives of the RHA and the Minister of Health. Contractual agreements are in place between the RHA and the HCO that set out the health services to be provided by the HCO and the funding to be received through the health region. HCOs are required to submit audited financial statements and statistical information to the health region.

These relationships include:

- *Foyer St. Joseph* – affiliate organization. They provide long term care services in the community of Ponteix and are physically integrated with the region-owned Ponteix Health Centre facility.
- *Private Ambulance Service Operators* – located in the communities of Frontier, Gull Lake, Swift Current, Ponteix and Val Marie.
- *McKerracher Support Services Inc.* – provider of independent living services for individuals suffering from a long-term mental illness.
- *Canadian Mental Health Association* – provider of day programming for individuals suffering from long-term psychiatric disorders.

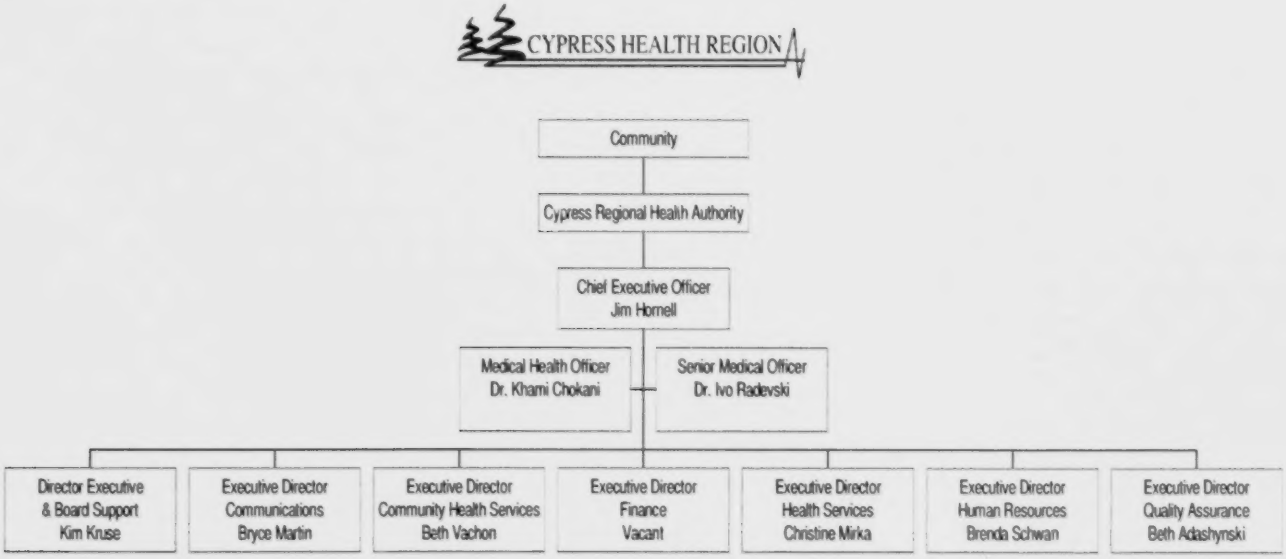
The health region has a representative that attends and participates in meetings of the McKerracher Support Services and Canadian Mental Health Association Boards. This relationship is intended to provide support, consultation, and liaison function between the organization and the health region. In addition, monthly program meetings are held between representatives of the organizations and health region, where joint client case planning is coordinated.

Administrative Structure

The Chief Executive Officer is responsible to the Authority for the general operations and day-to-day administrative organization of the health region. The Chief Executive Officer has established a Senior Management Team that ensures effective planning, integration and delivery of facility-based and community-based programs and services across the region.

The Senior Management Team consists of the following positions and is depicted in the organization chart below:

- Executive Director Health Services
- Executive Director Community Health Services
- Executive Director Finance
- Executive Director Human Resources
- Executive Director Quality Assurance
- Executive Director Communications
- Senior Medical Officer
- Director of Executive and Board Support



NOTES:

- *Mr. Jim Hornell, Chief Executive Officer, joined the health region on September 5, 2006.*
- *Mr. Darold Sturgeon, Executive Director Finance, ended his relationship with the health region in April 2007 to pursue other career opportunities.*

OUR REGION

The Cypress Health Region provides health services to 80 rural and urban municipalities in the geographically diverse southwest corner of Saskatchewan. This region's boundaries include approximately 44,000 individuals who live in rural and urban settings. Within the region, there are twenty-nine Hutterite communities (*approximately 50% of all Saskatchewan Hutterite communities are located in Cypress*) and one First Nations community.

A major challenge that the organization faces is the vast distances between communities, leaving certain communities vulnerable in terms of access to services and social isolation. This area of Saskatchewan also contains large geographical points of interest, for example the Great Sand Hills, Cypress Hills Inter-Provincial Park, and the National Grasslands Park. These locations lead to a high tourist population at certain times of the year.

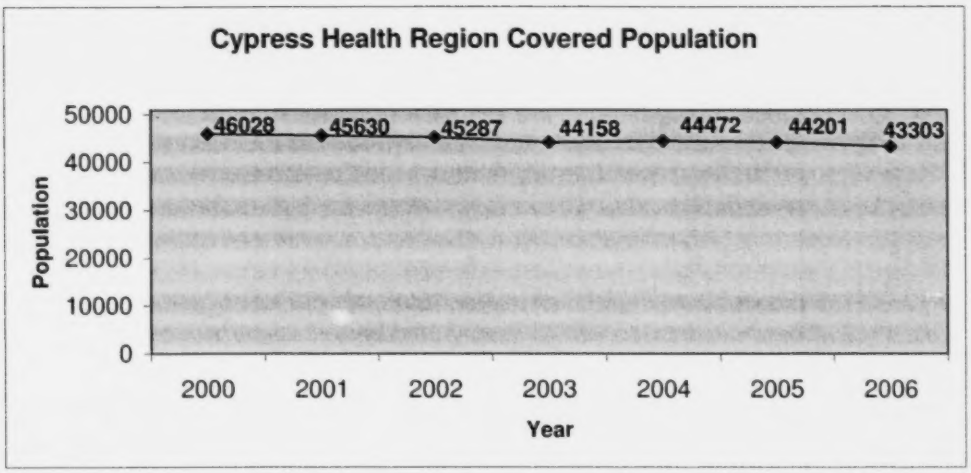
The Cypress Health Region is believed to be the largest single employer within the geographical region. With approximately 1,650 staff members, the organization provides a wide variety of community–based and facility-based programs and services. The twenty facilities in the region provide an assortment of program services such as acute care, long-term care, and program services (i.e. observation, respite, palliative, and convalescent). As well, the region provides a broad range of additional programs such as community services, home care planning, and emergency medical services.

Population

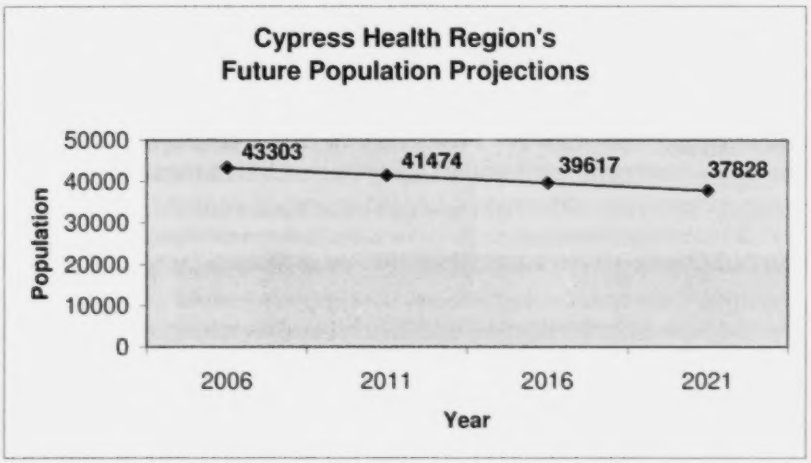
Urban-Rural Spread
Within the Cypress Health Region, the major urban setting is the City of Swift Current. Swift Current has a population of approximately 16,000 people and is located off the Trans-Canada #1 Highway between Regina and Medicine Hat. Other large urban settings include Maple Creek, Shaunavon, Leader, and Gull Lake. In 2001, Statistics Canada reported that 45.1% of the population within our region resided in urban centres.

In 2001, rural population made up 54.9% of the entire regional population. Some residents have to travel a considerable distance to receive health care. This causes continuous discussion about issues facing rural healthcare such as access and availability.

Region Population
The Cypress Health Region covered population between 2000-2006 is charted below. There has been only a slight fluctuation in the residents during these six years. This graph is derived from *Covered Population* statistics from the Saskatchewan Health website.

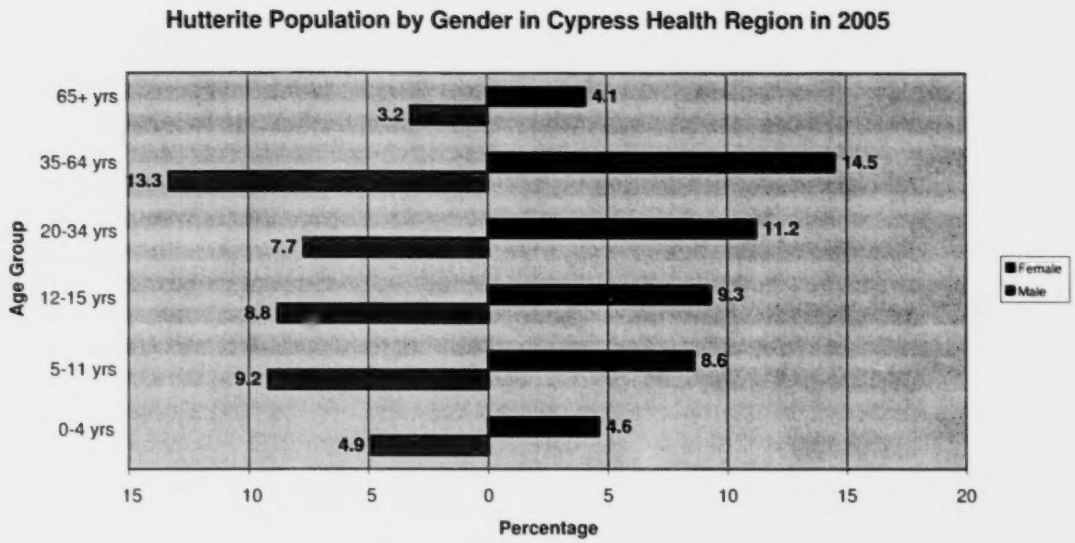


To understand the strategic decisions made by the Cypress Health Region it is important to look at the future population projections for the region. As seen below, the population in this area is anticipated to continuously decrease.



Hutterite Population

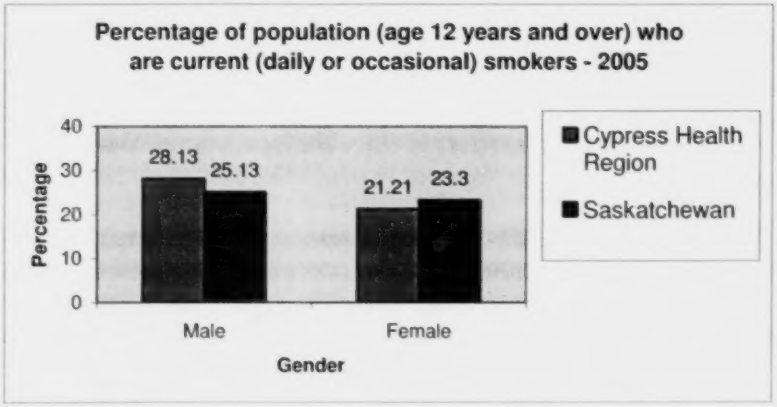
The Cypress Health Region is home to more than one half of the Hutterite colonies in Saskatchewan. The Hutterite population composes approximately 4.6% of the population in this region. This is an important statistic due to the fact that the Hutterite lifestyle can create risk factors for certain health problems such as cardiac difficulties and diabetes. The chart below shows the age distribution of the Hutterite population in 2005.



In 2005, the majority of the Hutterite population within the Cypress Health Region was between 35 and 64 years of age. A smaller percentage of the population was 65 years and older in 2005.

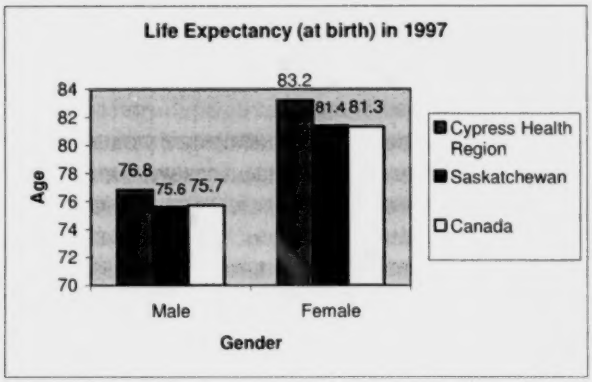
Smoking Rate

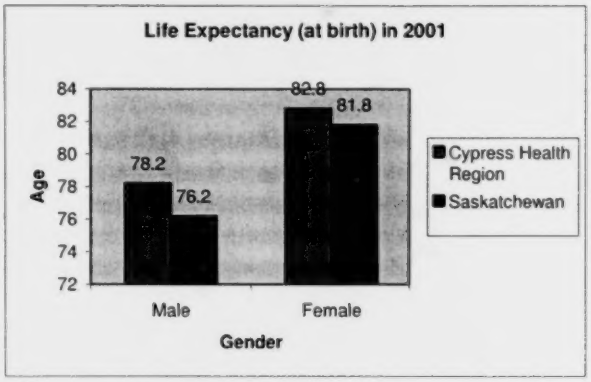
Among the male population (aged 12 years and older) only 28.13% can be classified as smokers. For the female population, 21.21% have been identified as smokers. For males, the region's percentage is higher than the provincial average for males (aged 12 years and older) who are current (daily or occasional) smokers. The female gender rates for this age category in the region are lower than the provincial rate.



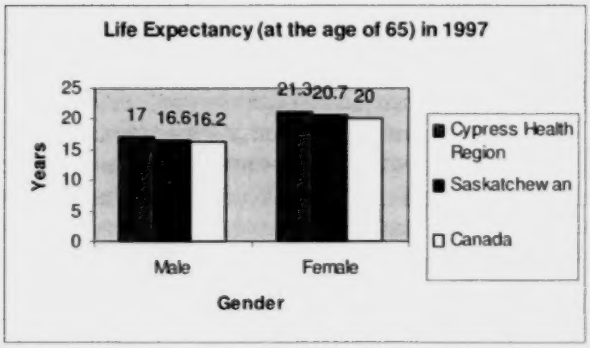
Life Expectancy

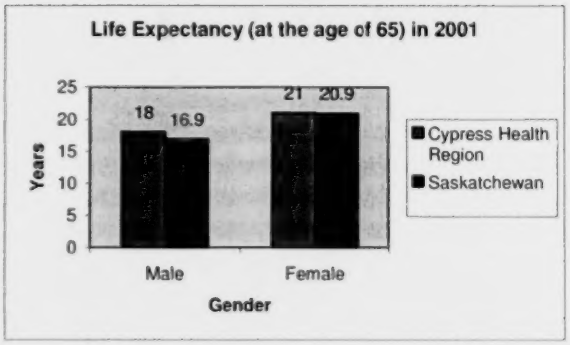
The life expectancy at birth within the Cypress Health Region is relatively higher than the averages of both Saskatchewan and Canada. Between 1997 and 2001, there was an increase seen in the average life expectancy of males in both the Cypress Health Region and Saskatchewan, while the female population remained similar. Data for 2001 was not compiled for the national average. Overall, the health region compares favourably in this important health status indicator.





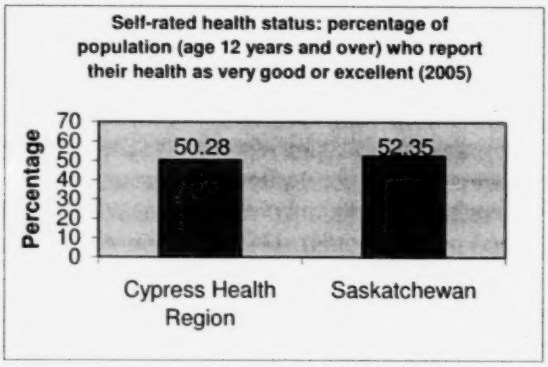
A similar pattern is also evident when looking at the statistics in regards to the average life expectancy at the age of 65. Comparable results between the years 1997 and 2001 are witnessed.





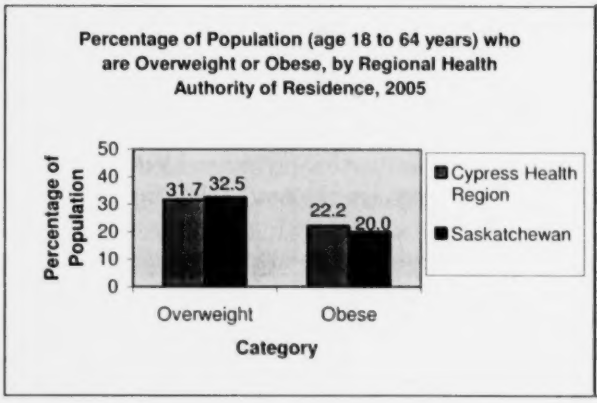
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent

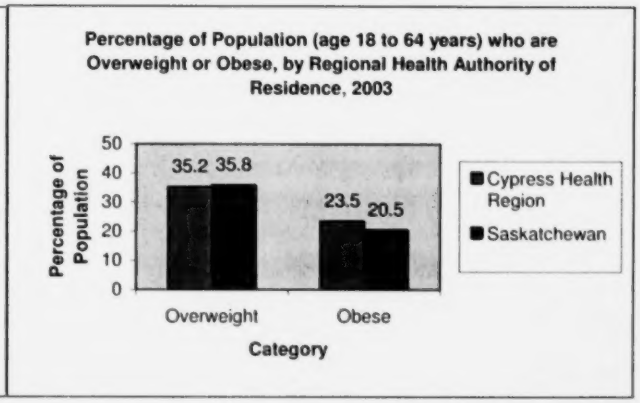
It is always important to understand how the population within the region views their own health. In 2005, the Cypress Health Region had 50.28% of residents that believed that their health status was "very good" or "excellent". This was lower than the provincial rating.



Percentage of Population (age 18 to 64 years) who are Overweight or Obese

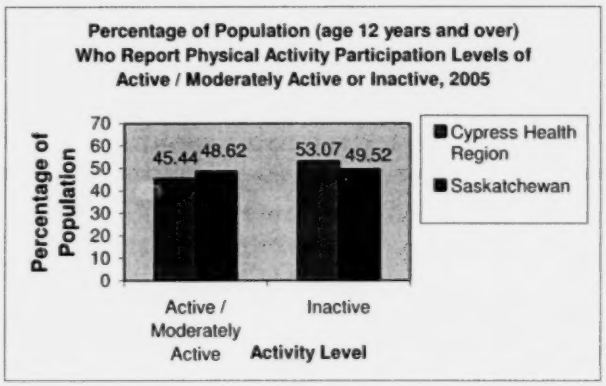
The weight of the populace is an important indicator on possible health issues within a region. Presently, the population in the Cypress Health Region has a higher percentage of obese people than the Saskatchewan average but has a lower number of overweight people compared to the Saskatchewan average. This is a great improvement from 2003, where the percentage of overweight and obese people was higher within the region.

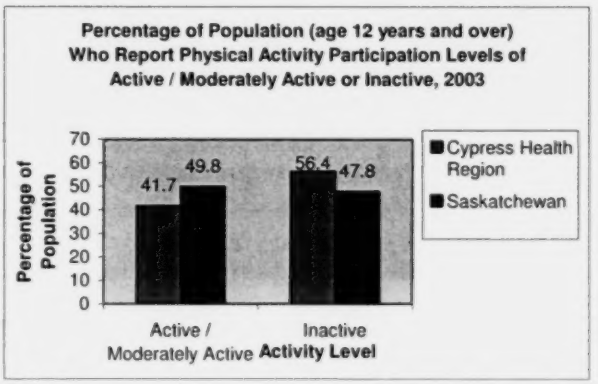




Percentage of Population (age 12 years and over) Who Report Physical Activity Participation Levels of Active / Moderately Active or Inactive

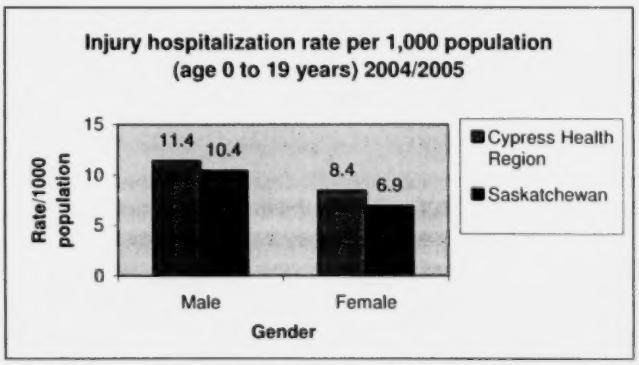
The Cypress Health Region rates were lower than the Saskatchewan average when it comes to people who are active or moderately active. More than half the population states that they consider themselves inactive. It can be seen though, that from 2003 the percentage of active/moderately active people has increased from 41.7 to 45.44, which is an increase of 3.74%. Over this same time, the Saskatchewan average only increased 1.18%.

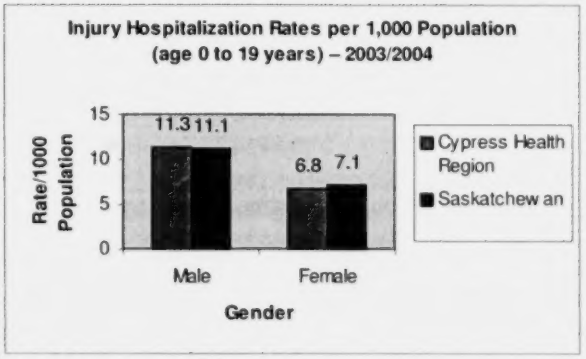




Injury Hospitalization Rates per 1,000 Population (age 0 to 19 years)

In 2004/2005, the Cypress Health Region had a greater average of injury hospitalization rates per 1,000 population than the province for females and males. Comparing this to the 2003/2004 statistics, it is seen that the average for females and males has increase over the year. On the other hand, the province saw a decrease in percentages for both sexes.



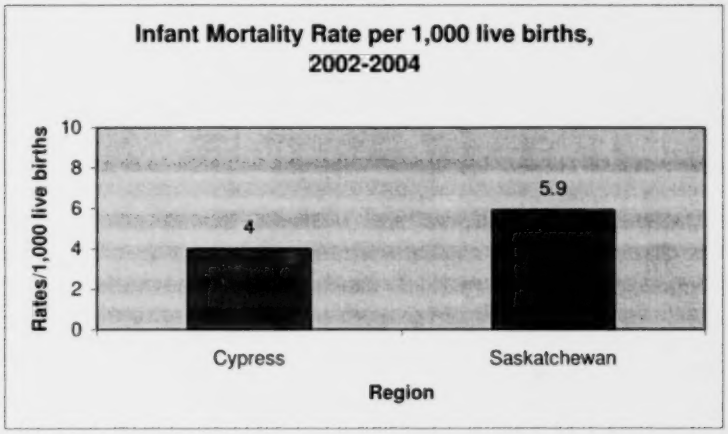


Age-adjusted Diabetes prevalence rate per 1,000 population

The age-adjusted diabetes prevalence rate per 1,000 population for the Cypress Health Region is 51.1. This compares favourably to other health regions in the southern part of Saskatchewan. This figure is not expected to decrease in this region due to factors like high obesity rate and high rate of inactivity.

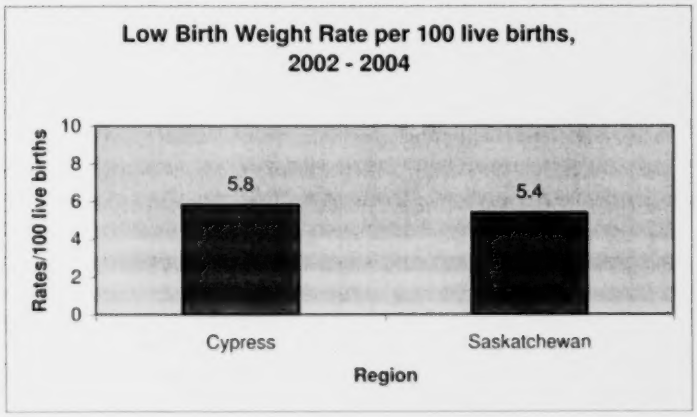
Infant Mortality rate per 1,000 live births

The Cypress Health Region's rate of infant mortality per 1,000 live births is 4.0 for the period between 2002 and 2004. This is drastically lower than the Saskatchewan provincial average rate of 5.9.



Low Birth Weight rate per 100 live births

The Low Birth Weight rate per 100 live births for 2002 – 2004 for the Cypress Health Region is 5.8 compared to 5.4, which was the seen as the average of all Saskatchewan Health Regions.



Emerging Health Issues

Emerging health threats can happen at any location within the health region, province, nationally or internationally. In conjunction with Saskatchewan Health and Health Canada, the Cypress Health Region maintains an awareness of issues and deals with them on a priority basis.

Infection Control Protocols
The presence of viruses (example - norovirus) and other illnesses in our facilities and throughout the region have had a major impact on the health region during 2006-07. In response to this ever-increasing issue, a greater effort regarding infection control practices/processes has been implemented. For example, a Public Health Inspector has been assigned to each health facility to ensure support is readily available for staff during outbreaks and to coordinate infection control protocols when required.

Influenza Pandemic Planning
Planning continues for the "not if, but when" approach to the presence of an influenza pandemic situation. The region's preparations and planning for such an outbreak are done in conjunction with our municipal, provincial and national counterparts. A large-scale mock pandemic planning exercise was held during May 2006 in conjunction with the City of Swift Current and community partners to test the region's pandemic preparedness plan.

Increased promotional efforts regarding the benefits of maintaining annual influenza immunizations will continue to create greater demand for the immunizations among the general public.

West Nile Virus
Although the past several years have been much slower West Nile seasons following the large outbreak in 2003, public health officials and physicians remain alerted to the potential dangers of the West Nile Virus. The West Nile strategy corresponds to the provincial plan and is continually monitored for effectiveness and the potential for risk.

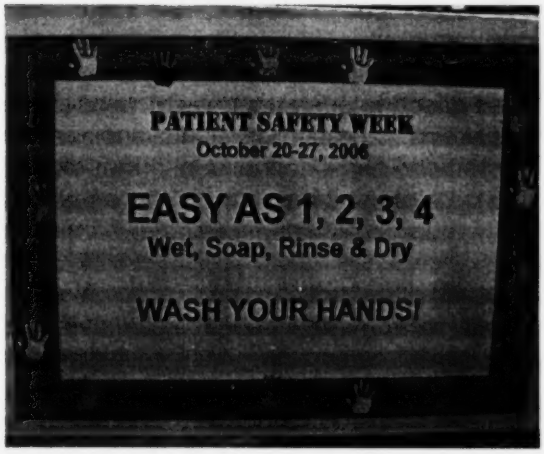
Chronic Diseases
The ever-increasing incidence of diabetes and cardiac concerns has caught the attention of health authorities across the province. The Health Quality Council and *Safer Healthcare Now!* offers opportunities to address the concerns created by chronic disease management – examples include the Chronic Disease Management Collaborative, post-AMI care, diabetes multidisciplinary clinic, cardiac education program, etc.

The region's strategies have focused on educating staff with standardized information regarding chronic disease management. Public education has been implemented throughout rural communities. Standardization of material has also occurred in this program area to ensure evidence based best practice guidelines are being followed for chronic disease management.

Sexually Transmitted Infections (STI)
Within the Cypress Health Region, a substantial increase in the number of laboratory-confirmed sexually transmitted infections/communicable diseases are being reported – in particular, genital Chlamydia. These cases require a significant amount of time to investigate. Strategy development on enhancing the adolescent sexual health program in the school system within existing resources will be a challenge. In addition, strategies to increase the public awareness of the availability of funded medications for treatment will be implemented.

External Environment Factors

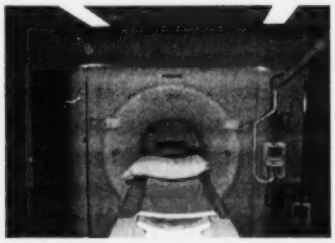
The continual depopulation of our rural areas, especially amongst our younger to middle-aged population groups, is a troubling trend in light of the ever-increasing shortage of health care professionals in the rural areas. This factor may lead to further challenges when attempting to recruit new or recent graduates to practice in rural (and remote) areas.



If the trending shortages for health care professionals continue in the rural areas, consideration of alternate care delivery processes may have to be brought to the forefront of discussion. Several of the region's facilities are facing barriers to maintaining a 24-hour service in lieu of decreasing registered nursing coverage.

The emphasis on patient and staff safety programming by provincial and federal governments may provide an opportunity to access specially targeted funding to address these issues. With the high incidence of health care worker injuries and incidents, the "safety" trend will need to continue to develop strategies for a safer workplace environment.

2006-07 RESULTS AT A GLANCE



The Cypress Health Region is supportive of the strategic direction set out in the provincial government's *Action Plan for Saskatchewan Health Care*. In consideration of this support, the Regional Health Authority developed a series of strategic statements that reflect the *Action Plan's* provincial approach to continuous improvement and our commitment to health care quality for the people of southwestern Saskatchewan.

This section of the Annual Report will provide a brief overview of significant events and achievements that were realized through the 2006-07 fiscal year. These highlights will include performance management initiatives, operational accomplishments and financial achievements that were recognized. The achievements will be divided among the four strategic goal statements that are shared between the province's *Action Plan* and the Cypress Health Region.

Goal #1 – Improved Access to Quality Health Services

- Increased the number of computerized tomography (CT) scans by 12% in comparison to 2005-06; exceeded the 2006-07 target number of scans by 6%.
- Exceeded 2006-07 target number of patients receiving CT scans by 11%; 257 additional patients received CT examinations when compared to 2005-06.
- Achieved and surpassed the targeted number of surgeries performed.
- Achieved an increase in the numbers associated with day surgeries > 67.3% of all surgeries were completed on a day surgery basis, which is an increase of over 8% from the previous fiscal year.
- Surgical waitlists were reduced > the region realized zero clients waiting more than 12 and/or 18 month timelines for their procedure to be completed.
- Region ranked very well in regards to surgeries performed within target time frames (*see next section for specific details).*
- Implementation of Global Positioning System (GPS) in all ambulance service sites which greatly enhances the response times in our rural settings.
- Enhanced renal dialysis programming – over two additional patient years of dialysis provided versus the previous year. This increase is in relation to the 50% expansion in renal dialysis capacity in December 2005.
- Failure Mode Effects Analysis (FMEA) performed on transferring a "live" long term care resident's chart from one regional facility to another.
- Successful mock pandemic planning exercise held with community partners in May 2006.

Goal #2 – Effective Health Promotion and Disease Prevention

- Continued involvement in the Health Quality Council's Chronic Disease Management Collaborative > region's participation in the Wave 2 program included an additional 3 physician practises and 3 primary health care sites.
- Implementation of self-study educational modules for staff in the area of chronic disease management.

- Extensive resource development to benefit the facilitation of group education programming for the public.
- Participation in Health Quality Council's "Discharge Planning Collaborative" and "Acute Care Patient Experience Survey" in addition to the University of Saskatchewan's "End of Life" project.
- Enhanced staff awareness and education regarding infection control protocols.
- Additional staff resources to address Project Hope initiative – coordinate clients requiring Youth Detox Unit services.
- Pilot site participation in Health Quality Council's study regarding "Medications in Long Term Care".

Goal #3 – Retain, Recruit and Train Health Providers

- Hire of 60 Hard to Recruit Positions – including 20 Registered Nurses, several Public Health Inspectors and Psychologists
- Successful recruitment of 10 new permanent full time physicians – Physician services available in all health care facilities
- Joined Health Sciences Placement Network (HSPnet) – a student placement system that encourages students to complete their practicum's and educational experiences with Cypress Health Region
- Implemented New Hire, Transfer and Exit Surveys for targeted professions – understanding employee movement in our organization
- Hire of a Permanent Full Time Quality Employment Facilitator – focusing on improving communications and work environment
- Formation of the Employee Opinion Survey Action Team – a representative group of staff who provide strategies to improve upon the 2005 Employee Opinion Survey results
- Participated as a pilot site for Worklife Pulse Tool for the Canadian Council on Health Services Accreditation.
- Decrease in Workers' Compensation lost time claims – lowest claims of all Regional Health Authorities
  - Time loss frequency injury percentage is 3.26 as compared to industry average of 6.31
- Expanded educational offerings including a 113% increase in Telehealth learning events offered
- Excellent participation in Aboriginal Awareness Training – 48% of current workforce have attended training
- Development of Physician Human Resource Plan.
- Enhanced training opportunities for managers in the Root Cause Analysis process
- LEAN Transactional Process training provided to managers and staff.

Goal #4 – A Sustainable, Efficient, Accountable Quality Health System

- Completion of capital construction project in Herbert that integrated long term care, acute care, home care, and community health programming under one roof.
- Substantial completion of new Cypress Regional Hospital in Swift Current, with anticipated transfer of services at the end of April 2007.
- Long term care resident satisfaction survey – 96% satisfaction with overall quality of care received.

- Consultation meetings with 5 geographically combined municipal council representatives – initiation of Community Leadership Network.
- Development of three year Strategic Plan for 2007-2010 > included numerous consultations with staff, physicians, unions, and municipal leaders.
- Engagement in quality initiatives – Canadian Council of Health Services Accreditation, Safer Healthcare Now, nursing model of care, medication reviews.
- Implementation of "Good Catch Form" to identify the potential for unsafe/risky situations.

Financial Highlights

- Achieved a $153,261 surplus (excess of 'revenues' over 'expenses' in the operating fund) in the fiscal year 2006-07
- Negative working capital of $728,708 exists and insufficient funds were allocated to appropriately address capital infrastructure needs.

2006-07 PERFORMANCE RESULTS

In conjunction with the four strategic goals developed within *The Action Plan for Saskatchewan Health Care*, an Accountability Document clearly establishes the responsibilities and expectations of Regional Health Authorities in coordinating health care services within their health regions. From the Accountability Document, a series of performance management indicators have been established to provide an evaluation tool to determine if expectations have been met.

This section of the Annual Report provides the opportunity to demonstrate accountability and communicate progress on the strategic goals as established in *The Action Plan*. In addition, it provides information to guide the region's priority setting and decision-making in moving towards the achievement of strategic objectives. It assists the health region in determining if their strategies and activities are effective and efficient.

Goal #1 – Improved Access to Quality Health Services

Enhancing the access to a wide range of health services is essential to ensure that individuals get the "right care in the right place at the right time."

Primary Health Care

While the region did not witness any further development of Primary Health Care sites this year, there has been extensive work in the area of team development in rural communities. This has created the opportunity to engage physicians with allied health professionals in their community to foster a team approach to client care, particularly in the areas of chronic disease management. Partnerships throughout the region between home care, mental health, health centre staff, regional Dietitians, and primary health (Diabetic Educator and Team Facilitator) have fostered a positive outcome in the area of standardized care and coordination of services.

The primary health care sites located in Vanguard, Hodgeville and Leader continue to enhance their skills and knowledge of the concepts and principles of team-based approaches to health care. These sites provide 11.24% of the region's population to defined primary health care teams and have seen between 1534 and 1710 discrete clients per quarter of the 2006-07 fiscal year.

One of the strategies emphasizing access to primary health care services was the creation of the provincial HealthLine telephone and HealthLine Online Internet resource. Although the region was very active in promoting the service through a variety of mediums, the number of calls to the service was somewhat disappointing. A total of 2,750 calls were initiated from residents of Cypress. Promotion of this valuable resource will continue in the future.

HealthLine
1-877-800-0002
www.healthlineonline.ca

Wait Time Reduction

The ability to consistently provide timely access to diagnostic and surgical services to the residents of southwestern Saskatchewan is an achievement the Cypress Health Region is proud of. The Region regularly exceeds the targets set by Saskatchewan Health and in fact demonstrates unused capacity, particularly in waiting times for surgical and diagnostic procedures, consistently achieving shorter wait times than many other regional hospitals.

- The targeted number of computerized tomography (CT) scans was slightly increased by Saskatchewan Health over the previous year. The region surpassed the targeted number of 3,878 and achieved a rate of 106.2% of the target (actual number of exams = 4,117). In addition, the number of patients seen who required CT services surpassed the target number by 11%. These efficiencies provide the residents of southwestern Saskatchewan with quality CT services that are accessible close to home.
- Total number of actual surgical cases significantly increased. The target number set by Saskatchewan Health was exceeded by 19% or 355 cases. This continues the upward trend in surgeries as a 12% over-target success was realized in 2005-06.
- The 2006-07 volume of surgical cases increased by 143 cases from the previous year, but the percentage performed as day surgery increased from 55.6% to 67.3%.
- The Region is one of six participating in the provincial Surgical Information System Project. Cypress' surgical program continues to be cognizant of the targeted time frames that have been determined:
  - Level 1 completed within 3 weeks – comparable to previous years at 70%
  - Level 2 completed within 6 weeks – 82.4% rate achieved (increase of 4%)
  - Level 3 completed within 3 months – decreased by 4%, primarily due to the introduction of visiting Ear/Nose/Throat specialty services. Prior to 2006-07, all of these surgeries were performed by the Saskatoon Health Region.
  - Level 4 completed within 12 months – remained relatively unchanged at 99.7%.

In 2006/2007, the Region successfully recruited replacements for 3 anesthetists and attracted another Royal Canadian College Certified surgeon. Our current complement of 2 general surgeons, 2 obstetrician/gynecologists, an ophthalmologist, 1 urologist and visiting services from both orthopedic and Ear/Nose/ Throat surgeons round out the team of qualified specialists providing services at the Cypress Regional Hospital.

The Region is eagerly seeking opportunities to expand its current services as the opening of the new hospital April 27, 2007 affords the benefit of additional capacity through specially designed space for day surgery, a steadily growing surgical service, and a procedure suite specifically developed for sight restoration procedures.

- The ophthalmology specialty service is witnessing tremendous growth and is capable of additional expansion as we look forward to the transfer of programs/services to the new Cypress Regional Hospital. A total of 762 cataract surgeries were performed in 2006-07 as compared to 543 completed in 2005-06. This highly-demanded specialty service witnessed of increase of 40% over the two fiscal years.

Emergency Services and Preparedness

The Cypress Health Region continues to improve its ability to respond to emergency situations through the enhancement of emergency service providers' abilities. In addition to the region-wide provision of long distance education opportunities for emergency medical service individuals to upgrade their skills and knowledge, a formal Emergency Response Team was established in the community of Herbert. With the support of the community of Herbert, a total of 8 students (community volunteers) received standardized training modules delivered by Cypress staff and completed the program.

With less than 2% of all emergency medical services trips involving an EMS staff member with less than an Emergency Medical Technician (EMT) qualification, it is clear that clients are being treated by highly qualified personnel. The region will continue to emphasize ongoing training into the future.

On May 25, 2006, the Cypress Health Region and community partners from Swift Current staged a mock pandemic planning exercise to test the region's Pandemic Preparedness Plan and the City of Swift Current's Essential Social Services Plan. This landmark event was recognized and acknowledged in April 2007 by the Saskatchewan Association of Health Organizations with a Green Ribbon Honourable Mention Award.

Improved Hospital, Specialized and Long Term Care

While much effort was focused on the completion of the Cypress Regional Hospital in 2006/2007, the Region also celebrated the opening of the Herbert and District Integrated Health Facility in September 2006. This was the culmination of the amalgamation and merger between the Herbert Nursing Home and Herbert/Morse Hospital. This integrated facility provides

services as a community hospital for Herbert and area with 6 acute inpatient beds, 2 respite beds and 40 Long Term Care beds.

Over half of the addictions clients who are accessing outpatient alcohol and drug treatment programs complete their programs. This falls in close comparison to the provincial rate.

Goal #2 – Effective Health Promotion and Disease Prevention

The region has completed a comprehensive Population Health Promotion Strategy, which includes the engagement of community members in developing strategies to address healthy living and improve public/environmental health.

Promotion of Health and Disease Prevention/Improving the Health of Populations at Risk

Due to public health inspection staffing resource limitations, the percentages for public health inspections of licensed/regulated facilities was less than desired. In addition to the limited staffing, the region experienced a significant amount of virus outbreak management throughout the fiscal year – this demanded a great deal of the available public health inspectors' time. During the outbreaks, a public health inspector was assigned to each facility to support the staff in implementing their infection control protocols.

- During the period of July 2006 and February 2007, a total of 13 norwalk-related outbreaks were declared within the region. These outbreaks affected over 500 patients/residents and staff members and resulted in an extreme cost relating to labour and supplies. The region experienced well over $200,000 in incremental expenses as a result of the outbreaks.

The region's extensive recruitment efforts have been rewarded with the May 2007 certification of three student public health inspectors and the anticipated arrival of another individual in the fall of 2007. These additions to the public health inspection team will assist in managing the risks in this program area and allow for a significant increase in the number of inspections completed.

Numerous strategies have been implemented to address population health promotion initiatives:

- Active Communities – development of 4 exercise programs at Cabri, the Cypress Hills Regional College, a seniors' residence and the Canadian Mental Health Association.
    - In conjunction with City of Swift Current, South West Recreation Association, and InMotion, the region hosted a conference that promoted the development of partnerships to create active communities in the southwest corner of the province.
- Food security – implementation of community kitchens in Swift Current and Maple Creek, and a Good Food Box in Maple Creek.
- Healthy food policy discussions – Public Health Nutritionist has had extensive contact with school divisions regarding the implementation of these policies into their school environments.
- Breastfeeding Friendly Initiatives
- Project Hope – development of a residential youth stabilization committee focusing on appropriate services for youth returning to the region following detox or rehabilitation, or someone who requires a stable living environment.

- Decreased substance use and abuse - implementation of a tobacco reduction policy for region-owned facilities and offices that promotes the availability of tobacco-free environments.

A significant emphasis was placed on chronic disease management through a variety of strategies including increased referrals to home care nurses to provide education, support and follow-up to clients. In some cases, this work was linked formally with physicians participating in the Health Quality Council's Chronic Disease Management Collaborative in Cabri and Maple Creek. Health centre registered nursing staff are becoming active in assisting community members living with chronic diseases with standardized education and support.

In 2006-07, the Health Quality Council undertook a study of Medications in Long Term Care, in which the Swift Current Care Centre was one of the pilot sites. The staff and residents benefited from their involvement with the project, resulting in fewer medications per resident, more appropriate medications for the elderly being prescribed, and increased staff awareness regarding the effects of medications.

Goal #3 – Retain, Recruit and Train Health Providers

The Cypress Health Region continues to face staffing challenges resulting from the National shortage of health human resources. Significant progress has been made in attracting and retaining skilled health care professionals during the 2006-07 year.

Improve Utilization and Availability of Health Human Resources

The Cypress Health Region employed approximately 1,650 staff members in 1125 full time equivalent (FTE) positions in 2006-07. Service Employee International Union (SEIU) staff comprised 69.5% of the total FTEs, with Saskatchewan Union of Nurses (SUN) comprising 17.8%, Health Sciences Association of Saskatchewan (HSAS) with 6.2%, and Non-Unionized staff assuming 6.5% of the FTEs.

A Medical Affairs Coordinator was hired in the 2005-06 year to address challenges related to the recruitment of physicians and specialists. Since April 1, 2006, ten new permanent full-time physicians have joined the Medical Staff of the Cypress Health Region. In that same time period, only four physicians left the region. Due to the increased medical staff, the region has been able to offer physician services in every community in which we currently have a health care facility. By October 2006, the Region was able to boast a full complement of physicians in the region without any vacancies. Higher staffing levels have also allowed physicians to expand their services in the area of surgical and specialist services.

The Cypress Health Region also experienced great success in the recruitment of Hard to Recruit Professionals. The Region launched an aggressive recruitment campaign in December 2006 that was targeted at hard to recruit professionals. Highlights of the recruitment strategy included: An extensive western-Canadian advertising campaign, attendance at of out of province recruitment fairs, targeted mail outs, strengthening relationships with training institutions, flexible recruitment incentives, and securing positive media coverage. As a result of this campaign, the Region hired twenty-two new Registered Nurses (RNs)/Registered Psychiatric Nurses (RPNs). In total, the Region hired 60 Hard to recruit professionals during the

2006-07 year. Filling these longstanding vacancies boasts many benefits to the general public including timely service offerings, and also provides current staff with opportunities for vacation relief. It is hoped that this success will also have a positive impact on wage driven premium hours.

The Cypress Health Region has identified rural health services as a strategic priority for the next 3 years, beginning in 2007. As a largely rural region, Cypress continues to be challenged by the human resource issues that accompany rural depopulation. Recruitment of physicians to solo practices, maintaining 24/7 coverage by registered nurses in health centres and the increasing number physicians and nurses working beyond retirement age are risks that have been identified in maintaining the current status quo of health service delivery.

Representative Workplaces

The health region continues to work towards the development of a representative workforce. All new hires are encouraged to complete a voluntary self identification survey and are provided the opportunity to self declare as a member of an Aboriginal Group, Minority Group, Persons with disabilities, or male/female working in a non-traditional occupational group.

The Region continues to work with the Saskatchewan Association of Health Organizations to offer Aboriginal Awareness training to all staff members. In 2006-07, sixteen sessions were offered and an additional two hundred and fifty-three staff were trained. In total, 48% of Cypress' workforce has attended Aboriginal Awareness Training.

Healthier, More Effective Workplaces

The Occupational Health and Safety Department focused its efforts on creating a safety culture within the Cypress Health Region. Strategies implemented to build a safety culture included educating managers and staff on the prevention of injuries through identification of Hazards and Near Misses, completing safety inspections in all facilities, promoting the transfer, lift & reposition program, strengthening and expanding the role of Occupational Health & Safety (OH&S) committees, and providing safety resources for staff and committees to access.

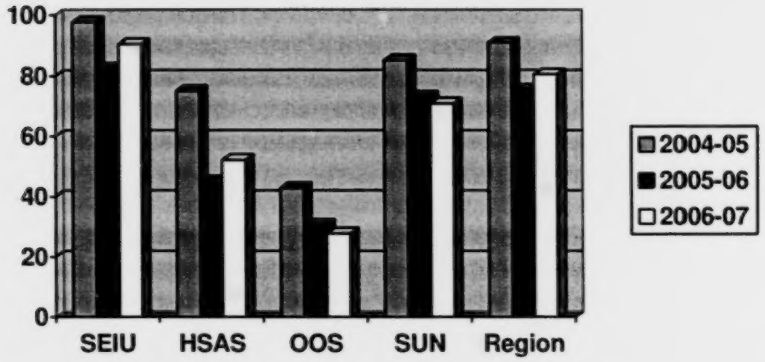
In 2006-07, the Region experienced a positive increase in near miss and hazard reports by staff. These incidents were inputted into an OH&S database, allowing the Region to provide meaningful analysis and trending of incidents occurring within the Region.

The Region's Ability Management Program was reorganized for the purpose of enhanced service provision in Fall 2006. During 2006-07, the number of lost-time WCB claims per 100 full time equivalents (7.11) and number of lost-time WCB days per 100 full time equivalents (236.66) increased slightly over the 2005-06 fiscal year, but remain significantly lower than the provincial average.

Sick leave utilization and the costs associated with absenteeism are areas that the region continues to work toward improving. The Region continues to make progress in decreasing sick time hours via the Attendance Support Program. Since the inception of the program, a decrease in sick leave utilization has been experienced when compared to the 2004-05 fiscal year.

Sick Leave Hours By Affiliation

Sick Hrs/ FTE

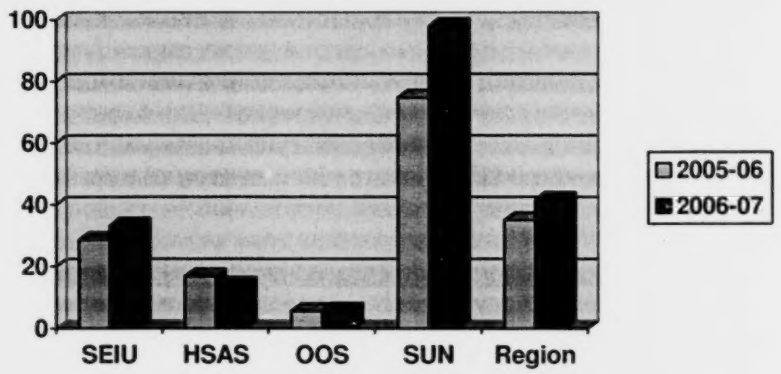


	SEIU	HSAS	OOS	SUN	Region
2004-05	97.64	74.77	42.76	85.01	90.84
2005-06	82.27	45.01	30.44	72.91	75.12
2006-07	90.33	52.07	27.68	70.82	80.39

The utilization of wage-driven premium hours (i.e. overtime) has increased in 2005-06 and could be attributed to vacancies, sick leave and other types of absences. The Attendance Support Program will continue to assist managers to identify the drivers of overtime in various departments and facilities, which will then be used to develop a plan to address the overtime usage. Best practices will be identified and shared with others within the region.

Wage Driven Premium Hours (Overtime) By Affiliation

Overtime Hrs/ FTE



	SEIU	HSAS	OOS	SUN	Region
2005-06	28.57	16.74	5.48	74.73	35.03
2006-07	33.12	14.03	5.67	97.96	41.62

The Nursing Model of Care at the Cypress Regional Hospital went into full swing in 2006/2007 with the completion of the required pre-implementation research by the University of Saskatchewan and 3 visits from Dr. Ginette Rodger and her team from the Ottawa Hospital and University of Toronto. Dr. Rodger provided training and mentoring to the nursing personnel as they critically examined their nursing practice and developed principle-based service delivery models on each nursing unit in the hospital. An expanded version of the Nursing Model of Care for rural sites is planned for the upcoming year with support from Saskatchewan Health's Workforce Planning Branch and in collaboration with the University of Saskatchewan and Dr. Rodger.

Goal #4 – A Sustainable, Efficient, Accountable, Quality Health System

One of the primary challenges in the health care environment is to maintain the sustainability of services in the face of ever-increasing expenditures. The Cypress Health Region is always reviewing its operating and capital budgets to determine any efficiencies that can be found.

Quality

At the same time, the region is proud of its commitment to quality health care services and the spirit of continually improving the programs it offers. The region participated in a series of quality initiatives throughout the fiscal year, including:

- Ongoing involvement with the Health Quality Council's initiatives – chronic disease management collaborative, long term care medication study, acute care patient experience survey
- Canadian Council on Health Services Accreditation – eleven quality teams continue to develop and monitor strategies targeting continual quality improvement. The region will experience its next formal accreditation survey in October of 2007.
- Nursing Model of Care implementation – in conjunction with the Ottawa Hospital and the University of Saskatchewan.
- Enhancements to the Quality Improvement Tool Kits – failure mode evaluation analysis (FMEA), root cause analysis (RCA), LEAN transactional processes. The LEAN processes have been applied to several Quality Teams to work through the teams' accreditation standards.
- Dietitian and Nutritionist team used LEAN techniques and process mapping to standardize the educational programming.
- Strategic emphasis placed on patient safety – enhancement of Patient Safety Team processes, addition of Patient Safety Promotion Coordinator, attention to thorough review and implementation of root cause analysis recommendations.
- Implementation of "Good Catch" forms – highlights staff's dedication to improving the care and safety provided to clients. In conjunction with the "near miss" reporting, trending information becomes available to identity potential areas for risk (ex. Discharge Planning Process).
- Continued growth in the Quality Support Coordinator activity

The surgical program offered at the Cypress Regional Hospital provides several quality-laden options, including the day surgery program. The percentage of surgical cases performed as day surgery has risen steadily over the past 2 years, from 494 cases or 49% in 2004/2005 to 1485

(67.3%) in 2006/2007. This change is largely attributable to the establishment of a dedicated day surgery unit in 2005/2006 and to surgeons adopting newer methods and technology. Targeted funding for surgical equipment also allowed the region to purchase the required equipment for a viable day surgery program.

The need for in house expertise in data analysis is an issue that will continue into the future. There are many systems in place that contain a wealth of data, but this data is not accessed and analyzed on a regular basis to assist in decision-making.

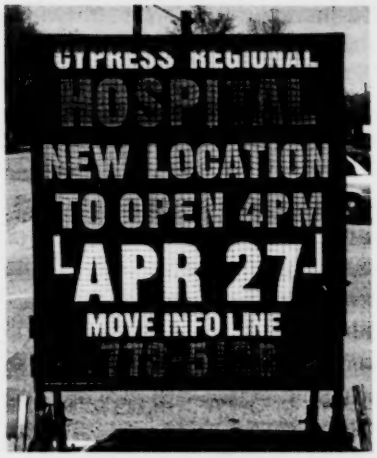
Governance and Accountability
The Regional Health Authority works with Saskatchewan Health, the Minister of Health, the Minister of Healthy Living Services, other regional health authorities, and the Saskatchewan Association of Health Organizations to effectively plan and coordinate communication approaches to build public support and awareness for delivery of health care services.

Positive working relationships have been created with the regional and provincial media to provide the means for a joint exchange of information that is beneficial for both parties. A series of news releases and media interviews with a variety of media mediums (newspaper, radio, television) have been coordinated to assist in the distribution of information to staff, physicians and the public. The distribution of informational householder mailouts has been utilized to increase the public's awareness of issues pertaining to health services and programs. The availability of a revised region website (www.cypresshealth.ca) will be instrumental to enhancing public awareness of news and programs.

A major component in the development of a three year strategic plan was the discussions/consultations held with representatives from the eighty municipal councils from across the region. These discussions will serve as the impetus for creating our Community Leadership Network which will include regular opportunities for the health authority to consult with the community leaders regarding health services in their area and the region as a whole.

Capital Construction Projects
During the 2006-07 year, the region was engaged in two major capital construction projects. The Herbert and District Integrated Health Facility officially opened in July 2006 with the Grand Opening Ceremonies occurring in September 2006.

The new Cypress Regional Hospital in Swift Current is scheduled to open on April 27, 2007. This new facility will provide specialized acute services for residents of southwestern Saskatchewan.



Capital infrastructure projects such as these have become a reality through the development and enhancement of relationships with Saskatchewan Health, the Dr. Noble Irwin Regional Healthcare Foundation, municipal governments, community service groups and entire communities. Their commitment and assistance regarding the financing of capital construction and capital infrastructure projects are essential to their success.

Financial Summary

The Cypress Health Region ended the year with an operating surplus, however an operating surplus is not a good indicator of financial viability. There are three main financial indicators that must be reviewed and understood to determine an organization's financial viability:

- ***Operating Working Capital*** – this indicator is calculated as "Current Assets" less "Current Liabilities" in the operating fund from the *Statement of Financial Position* in the audited financial statements;
- ***Excess of Revenues over Expenses in the Operating Fund (commonly referred to as "Surplus")*** – this indicator can be found on the *Statement of Operations and Changes in Fund Balance* report in the audited financial statements; and
- ***Future Required Investments*** – this financial indicator does not show up in an audited financial statement and cannot be easily calculated. The indicator refers to an amount that would be required for an organization to make investments to:
    - Ensure safe, quality services are provided based on standards that presently exist or may be developed for the service.
    - Ensure quality improvements are implemented and funded.
    - Ensure updated legislative requirements are implemented (e.g. HIPA, OH&S, Labour Standards, etc.).
    - Fund critically required capital infrastructure projects.
    - Fund required replacements and investments of capital equipment.
    - Invest in best practices and new initiatives to improve services.

Operating Working Capital

= "Current Assets" less "Current Liabilities" in the Operating Fund

= $ 11,934,394 - $12,663,102
= ($ 728,708)

According to this financial indicator, the Cypress Health Region is not in a strong financial position. A reasonable expectation for a publicly funded organization is to have a positive working capital that would allow the organization to operate for 20 days. Currently the Region is operating with a negative (2.92) days of working capital in operating fund.

The main way to improve on this indicator would be to generate operating surpluses (excess of revenues over expenses) and ignore future required investments needed as addressed in the above third financial indicator. If the target for this indicator were set to be 20 days, the Region would need to generate $4.5 M in operating surpluses to invest in the working capital in order to strengthen its financial position (assuming no other investments were required).

Excess of Revenues over Expenses in the Operating Fund (Surplus)

= "Total Revenues" less "Total Expenses" in the Operating Fund

= $ 91,276,042 - $ 91,122,781
= $ 153,261 (or 0.2% of actual operating expenditures)

The Cypress Health Region met its financial target of having a balanced operating budget, which is a surplus greater or equal to zero dollars. However, after allowing for a $104,028 mortgage payment, a minimal amount of $49,233 was available for other purposes.

Operating revenues totalled $91.276 million, of which provincial funding accounted for $81.25 million or 89% of the region's total funding. Operating expenditures totalled $91.122 million which was an increase of $5.3 million from the previous year's actual expenditures.

Expenditures in the program support funding pool amounted to 4.4% of the total operating expenditures of the health region. The performance target of less than 5% spent on program support expenditures has been achieved. These expenditures witnessed a decrease from the 4.7% witnessed in the 2005-06 fiscal year.
A balanced budget is a good target to have, but when you review the first and third financial indicator described above, the Cypress Health Region should make every attempt to target significant surpluses to:

1. Invest in providing enhanced, safe and quality health care services.
2. Invest in much-needed capital infrastructure and capital equipment.
3. Strengthen its financial position by investing in its working capital.

Since significant surpluses have not been achieved, the Region had to determine its most critical areas for investment for the current small surplus. It has been determined that the surpluses generated in 2006-07 are most needed for investment in capital infrastructure projects such as critically required roof repairs in our facilities. The 2007-08 capital infrastructure budget, which excluded major building replacement projects, identified over $1.0 million worth of high to medium risk projects. These currently have little to no funding source (e.g. the Province provided $120,000 in 2006-07 to address these types of capital infrastructure needs).

Future Required Investments

This third financial indicator is future orientated and is extremely difficult to measure. The main strategies to address this indicator would be to generate significant surpluses to:

1. Build reserves for one-time investments like capital investments or short-term initiatives.
2. Make required investments into core-mandated services to ensure safe, quality and effective health care services can be delivered.

Examples of challenges the Region is facing that require financial investments are:

1. Implementing consistent workload standards to ensure safe, effective and quality health care services can be delivered.
2. Ensuring current provided services are effective and sustainable.
3. Addressing quality of service issues by implementing best practices.
4. Investing in critical capital infrastructure projects.
5. Meeting increasing service needs of the Province's residents by implementing new initiatives like Chronic Disease Management and Primary Health Care.
6. Inflationary cost pressures (e.g. drug costs, medical supplies, etc.).
7. Occupational health and safety and patient safety systems.
8. Capital equipment replacement.

If one were to invest significant human resources and effort in analyzing each of the above challenges, an amount could be quantified to determine how much surplus would be required to effectively manage and fund the above *Future Required Investments*.

Cypress Health Region is committed to work together with Saskatchewan Health and community partners to clearly identify and cost these challenges in attempts to achieve higher levels of financial sustainability.

FUTURE OUTLOOK/EMERGING ISSUES

With the development of the Strategic Plan 2007-2010, the Cypress Regional Health Authority has established a formalized course for the region's work over the next three years. It identifies important challenges and opportunities that the region anticipates arising in the coming years. It will serve as the foundation for annual operational plans to be developed, in accordance with Saskatchewan Health's *Accountability Document*.

NOTE: The Strategic Plan 2007-2010 is available by visiting the Cypress Health Region website at www.cypresshealth.ca

Community hospitals and emergency medical services (EMS) play a critical role in the delivery of health services in a rural area such as our health region, as well as posing significant challenges. The ability to recruit and retain nurses, physicians, and other hard-to-recruit health professionals to rural communities will determine the sustainability of these facilities. The need to direct and maximize resources in the communities of Herbert, Shaunavon, Maple Creek and Leader will form the platform for discussions with our community partners and Saskatchewan Health into the future.

The Cypress Health Region can look forward to improved performance on surgical indicators based on our ability to effectively recruit and retain surgeons, specialists and anaesthetists. Combined with this ability to retain specialists, the outlook is promising due to the investments made into surgical equipment over the past two years, the dedicated Day Surgery Unit, moving into the new Cypress Regional Hospital with improved space and working environment, and our involvement with the Provincial Surgical Information system project.

The transfer of programs and services to the new Cypress Regional Hospital in April 2007 will pose a series of challenges to implement changes in workflows and processes. These anticipated challenges are based on the assumption that financial pressures will remain in existence.

The expansion of Primary Health Care teams and community sites is projected to increase over the next several years. Along with the tremendous interest that has been expressed by several communities in welcoming the primary health care initiatives to their communities, our health region is faced with several single-physician practices in smaller rural communities that will be difficult to recruit a permanent replacement into the community. However, the realization of expanded primary health care sites requires a combination of several key factors including physician participation, active community involvement, and a team approach to healthcare.

However, with the increased prevalence of risk factors that contribute to chronic diseases, the increased need to prevent and treat diseases such as diabetes and cardiac concerns will be an issue to deal with. The focused efforts on increasing the public's awareness of the risk factors for chronic disease are considered "upstream" efforts that sometimes take many years to prove their effectiveness. It can be assumed that quality organizations such as Health Quality Council, Safer Healthcare Now and the Accreditation Council will continue to emphasize quality and prevention into the future.

Positive strides towards population health programming successes are anticipated. The further development and implementation of the Population Health Promotion strategies will guide the efforts of region staff and their community partners.

The introduction of the Saskatchewan Health Relocation Program and Rural Hard to Recruit programs have been instrumental in assisting the Region in recruiting health professionals to our Region. Retirements among experienced healthcare professionals are expected to result in increased vacancies in many rural communities. The Region will continue to focus on anticipated needs and recruit aggressively to fill its current and future vacancies.

The implementation of the Nursing Practice Model and roll out to community hospitals will continue to address improved outcomes for nursing staff, patients and the organization, which will assist in making the region an employer of choice and provider of exceptional service.

The Regional Health Authority has identified other capital construction projects as priorities for the upcoming provincial capital budgets. The securing of local funding for the 35% share of the bricks and mortar and 100% of the equipment for the replacement/renovation of facilities will create a barrier that will require major attention and dialogue with municipal and community partners.

The management of financial pressures associated with implementing research-based best practices and dealing with increased workloads in various services throughout the region is anticipated to increase in magnitude.

It is imperative that the health region builds a "culture of safety" in our organization. We are moving in this direction but change takes time to become the "norm" versus the "exception". A non-punitive environment is not created overnight and it is only the steadfastness of our commitment to this on all levels of the organization that will help us reach our new culture and then move us forward in our patient and staff safety targets. Our reason for this is that it is not acceptable for anyone to come into our facilities or work in our facilities and be harmed by our processes. These processes must be changed and our reporting structure helps to move us toward this.

The increased emphasis on creating a culture of safety will assist the Region in demonstrating its commitment to employee well being. The expanded scope of the Ability Management program via ergonomic assessments, education sessions, and modified work duties will again have a positive impact in decreasing our lost time claims.

The Cypress Regional Health Authority and its employees will continue to provide a continuum of high quality health care services to the residents of southwestern Saskatchewan. We will provide these services within the parameters of the challenges and/or limits that surround us – whether they are financial or human resource related.

Along with the challenges, health care is also full of opportunities which we want to take full advantage of. We are working hard to create a quality working environment for our health care providers and, more importantly, we are seeking out new ways to share our expertise and knowledge with patients so they can make the most of their health and wellbeing.

We will continue to dedicate the resources available to us towards the attainment of our vision:

Together – Your Health, Our Future.

MANAGEMENT REPORT

Date: May 17, 2007

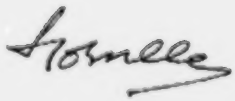
CYPRESS HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Cypress Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

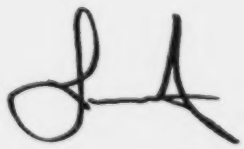
Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.



Jim Hornell
Chief Executive Officer



Larry Allsen
Controller

CYPRESS HEALTH REGION

Financial Statements For the Year Ending March 31, 2007

AUDITOR'S REPORT

To the Board of Directors, Cypress Regional Health Authority

We have audited the statement of financial position of the Cypress Regional Health Authority as at March 31, 2007 and the statements of operations and changes in fund balances and cash flow for the year then ended. The Health Authority Board and management are responsible for preparing these financial statements. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion these financial statements present fairly, in all material respects, the financial position of the Health Authority as at March 31, 2007 and the results of its operations and the changes in its fund balances and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Chartered Accountants

Swift Current, Saskatchewan
May 17, 2007

CYPRESS REGIONAL HEALTH AUTHORITY

Statement of Financial Position
as at March 31, 2007

Statement 1

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2007	Total 2006
ASSETS					(Note 10)
Current Assets					
Cash and short-term investments (Schedule 2)	$ 8,579,747	$ 3,642,231	$ 1,383,195	$ 13,605,173	$ 13,308,473
Accounts receivable					
Sask Health General Revenue Fund	327,538	290,388	-	617,926	3,749,007
Other	1,581,457	135,869	51,528	1,768,854	1,432,591
Inventory	897,470	-	-	897,470	865,703
Prepaid expenses	478,182	-	-	478,182	276,535
Due from the capital fund	70,000	-	-	70,000	607,736
	11,934,394	4,068,488	1,434,723	17,437,605	20,240,045
Long Term Investments (Schedule 2) (Market $52,193; 2006 $576,705)	51,642	-	-	51,642	574,650
Pledge receivable	-	4,466	-	4,466	8,932
Capital Assets (Note 3)	-	69,898,535	-	69,898,535	51,816,446
TOTAL ASSETS	$ 11,986,036	$ 73,971,489	$ 1,434,723	$ 87,392,248	$ 72,640,073
LIABILITIES AND FUND BALANCES					
Current liabilities					
Accounts payable	$ 4,617,785	$ 1,895,808	$ -	$ 6,513,593	$ 6,366,565
Accrued salaries	1,505,663	-	-	1,505,663	4,086,805
Accrued vacation	5,293,641	-	-	5,293,641	5,115,201
Deferred revenue (Note 6)	1,246,013	-	-	1,246,013	944,273
Due to operating fund	-	70,000	-	70,000	607,736
Current portion of long term lease (Note 4)	-	70,949	-	70,949	-
Current portion of long term debt (Note 5)	-	129,418	-	129,418	122,706
Accrued mortgage interest	-	13,647	-	13,647	14,206
	12,663,102	2,179,821	-	14,842,923	17,257,492
Long term liabilities					
Long Term Leases Payable (Note 4)	-	266,059	-	266,059	-
Mortgages payable (Note 5)	-	2,656,328	-	2,656,328	2,786,071
TOTAL LIABILITIES	12,663,102	5,102,208	-	17,765,311	20,043,563
Fund Balances					
Investment in capital assets	-	66,695,234	-	66,695,234	48,381,713
Externally restricted (Schedule 3)	149,304	494,552	1,434,723	2,078,579	3,494,670
Internally restricted (Schedule 4)	-	1,592,900	-	1,592,900	1,920,195
Unrestricted (deficit)	(826,370)	86,594	-	(739,776)	(1,200,068)
TOTAL FUND BALANCES (Statement 2)	(677,066)	68,869,280	1,434,723	69,626,937	52,596,510
TOTAL LIABILITIES & FUND BALANCES	$ 11,986,036	$ 73,971,489	$ 1,434,723	$ 87,392,248	$ 72,640,073

Approved on behalf of the board of directors

(See accompanying notes to financial statements)

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES

for the year ended March 31, 2007

Statement 2

	Operating Fund			Restricted Funds			
	Budget 2007	Actual 2007	Actual 2006	Capital Fund 2007	Community Trust fund 2007	Total 2007	Total 2006
REVENUE	(Note 12)		(Note 10)				
Sask Health - General Revenue	$ 80,178,407	$ 81,070,251	$ 76,753,324	$ 12,335,476	$ -	$ 12,335,476	$ 13,001,152
Other Provincial Revenues	146,564	184,747	179,490	-	-	-	-
Federal Government Revenues	35,700	48,357	44,143	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	60,436	65,640	72,429	-	-	-	-
Patient Fees	7,470,230	7,845,514	7,168,076	-	-	-	-
Out of Province Revenue (Reciprocal)	477,030	543,512	587,180	-	-	-	-
Out of Country	34,400	36,173	46,044	-	-	-	-
Donations	68,000	112,881	62,389	52,677	-	52,677	1,640,512
Investment Revenue	200,000	376,315	232,607	94,181	49,451	143,632	94,823
Ancillary Revenue	-	-	-	-	-	-	-
Recoveries (Note 9 b) iii))	724,632	708,781	869,177	2,009,615	-	2,009,615	-
Other Revenue	147,517	283,872	86,764	4,439,524	-	4,439,524	6,498,726
TOTAL REVENUES	89,542,916	91,276,042	86,101,623	18,931,473	49,451	18,980,925	21,235,213
EXPENSES							
Province Wide Acute Care Services	830,277	860,451	672,845	20,202	-	20,202	15,138
Acute Care Services	26,825,836	27,788,117	26,676,347	655,489	20,000	675,489	534,291
Physician Compensation - Acute Services	6,308,109	6,702,757	5,851,812	-	-	-	-
Supportive Services	30,776,959	31,461,089	29,031,362	914,261	20,018	934,279	777,748
Home Based Services - Supportive Care	5,328,971	5,301,725	5,178,970	129,616	-	129,616	116,527
Population Health Services	2,003,037	1,785,338	1,802,007	48,738	-	48,738	40,545
Community Health Services	4,298,340	4,019,628	3,813,790	104,587	-	104,587	85,810
Home Based Services - Acute & Palliative	623,424	622,537	610,514	15,169	-	15,169	13,737
Primary Health Care Services	3,259,313	3,241,072	3,310,270	79,306	-	79,306	74,481
Emergency Response Services	2,807,366	2,911,713	2,731,705	68,309	-	68,309	61,463
Mental Health Services - Inpatient	1,153,399	1,143,720	1,050,890	28,064	-	28,064	23,645
Addictions Services - Residential	-	-	-	-	-	-	-
Physician Compensation - Community Services	951,718	929,946	796,772	-	-	-	-
Program Support Services	4,057,855	4,034,424	4,012,067	-	-	-	-
Special Funded Programs	168,312	165,264	106,061	-	-	-	-
Ancillary & Sundry Expenses	150,000	150,000	150,000	-	-	-	-
TOTAL EXPENSES (Schedule 1)	89,542,916	91,122,781	85,795,410	2,063,741	40,018	2,103,759	1,743,384
Excess of revenue over expenses	$ -	153,261	306,213	16,867,733	9,433	16,877,166	19,491,829
Fund Balances, beginning of year		(726,298)	(885,734)	51,888,258	1,434,550	53,322,808	33,684,202
Interfund transfers (Note 14)		(104,028)	(146,777)	113,289	(9,261)	104,028	146,777
Fund balances, end of year		$ (677,066)	$ (726,298)	$ 68,869,280	$ 1,434,723	$ 70,304,003	$ 53,322,808

(See accompanying notes to financial statements)

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF CASH FLOW

'for the year ended March 31, 2007

Statement 3

	Operating Fund		Restricted Fund			
	2007	2006	Capital Fund	Community Trust Fund	Total 2007	Total 2006
Cash provided by (used in):	**Operating Activities**		**Financing and investing activities**			
Excess of revenue over expenditures	$ 153,261	$ 306,213	$ 16,867,733	$ 9,433	$ 16,877,166	$ 19,491,829
Net changes in non-cash working capital (Note 7)	1,205,203	1,284,327	(542,298)	(51,528)	(593,826)	1,662,676
Amortization of capital assets	-	-	1,895,581	-	1,895,581	1,581,549
Change long term investment to short term investment	163,008	354,872	-	360,000	360,000	360,000
	1,521,472	1,945,412	18,221,016	317,905	18,538,921	23,096,054
Purchase of capital assets						
Buildings/construction	-	-	(16,529,821)	-	(16,529,821)	(19,748,695)
Equipment	-	-	(3,447,849)	-	(3,447,849)	(1,769,009)
assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
Purchase of long-term investment	-	-	-	-	-	(50,000)
	-	-	(19,977,670)	-	(19,977,670)	(21,567,704)
Acquired debt from amalgamation with Herbert Nursing Home Inc.	-	-	-	-	-	585,988
Acquired debt - Capital lease	-	-	337,007			
Repayment of debt	-	-	(123,030)	-	(123,030)	(93,324)
Net increase (decrease) in cash and investments during the year	1,521,472	-	(1,542,677)	317,905	(1,224,772)	2,021,014
Cash and investments, beginning of year	7,162,304	5,363,669	5,071,619	1,074,550	6,146,169	3,978,378
Interfund transfers (Note 14)	(104,028)	(146,777)	113,289	(9,261)	104,028	146,777
Cash and investments, end of year	$ 8,579,747	$ 7,162,304	$ 3,642,231	$ 1,383,194	$ 5,025,425	$ 6,146,169
Amounts in cash balances investments	$ 8,579,747	$ 7,162,304	$ 3,642,231	$ 1,383,195	$ 5,025,426	$ 6,146,169

(See accompanying notes to financial statements)

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2007

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed The *Regional Health Services Act* (Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan. The Cypress Regional Health Authority (RHA) was created by the Act. The Cypress Regional Health Authority is responsible for the planning, organization, delivery, and evaluation of health services it is to provide (The Act section 27) within the geographic area known as the Cypress Health Region.

The Cypress Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting principles and include the following significant accounting policies.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following Community Based Organizations (CBOs) and third parties to provide health services:

McKerracher Support Services Inc.
Canadian Mental Health Association
Ponteix Ambulance
Swift Current Ambulance
Gull Lake Ambulance
Frontier Ambulance
Val Marie Ambulance

Note 9 b) i) provides disclosure of payments to CBOs and third parties.

ii) The following affiliate is incorporated as follows (and is a registered charities under the *Income Tax Act):*

Foyer St. Joseph's Nursing Home Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

The affiliate is not consolidated into the RHA financial statements. Alternatively, Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

iii) The Dr. Noble Irwin Regional Healthcare Foundation Inc. (the Foundation) is incorporated under *The Non-Profit Corporations Act* and is a registered charity under *The Income Tax Act.*

Under the Foundation's Articles of Incorporation, the activities of the Foundation are restricted to providing funding for the betterment of healthcare for the people of Southwest Saskatchewan.

The RHA has an agreement with the Foundation to be the principle fundraising body for the RHA. The RHA provides financial support to the Foundation through an annual fee for service.

These financial statements do not consolidate the financial activities of the Foundation. Alternatively, Note 9 b) iii) provides supplementary information of the Foundation.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	3%
Land improvements	10 %
Equipment	10 %
Information systems	10 %
Vehicles	20 %

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) Inventory
Inventory consists of general stores, pharmacy, laboratory, linen, and other. Cost of inventory held is determined on a weighted average basis, except for dietary, linen, laundry, plant maintenance and remote facility inventory which is determined on the first in, first out basis.

f) Investments
Investments are valued at the lower of cost or market.

g) Pension
Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

j) Measurement Uncertainty
These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

3. Capital Assets

	March 31, 2007			March 31, 2006
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 1,422,224	$ -	$ 1,422,224	$ 1,412,078
Land Improvements	721,265	595,285	125,980	139,977
Buildings	42,068,836	19,409,687	22,659,149	21,432,506
Equipment	29,779,851	19,509,468	10,270,383	8,056,152
Information systems	605,773	304,466	301,307	310,197
Vehicles	955,013	749,192	205,821	144,098
Construction in progress	34,913,671	-	34,913,671	20,321,438
	$ 110,466,633	$ 40,568,098	$ 69,898,535	$ 51,816,446

4. Commitments

a) Capital Assets Acquisitions
At March 31, 2007, commitments for acquisition of capital assets were $5,246,672 (2006 - $24,898,980).

b) Operating Leases
The minimum annual rental under operating leases on property over the next five years on which the Ponteix Health Centre is located is one dollar for each year. The land is rented from Les Soeurs de Notre Dame d'Auvergne. The lease term is for twenty years effective March 1, 1997 with an option for the Board to renew the lease for a further twenty years on an annual basis. The Board is required to maintain appropriate general liability insurance for the premises.

c) Capital Leases

	2007			2006
	Cost	Accumulated Ammortization	Net Carrying Amount	Net Carrying Amount
Equipment under capital lease	354,745	8,867	345,878	-

The equipment is amortized on a declining balance beginning in the year of acquisition

Minimum annual payments under capital lease on equipment over the full lease term are as follows

Intrest rate	5.24%
Expiry date	31-Dec-11
2008	82,001
2009	82,001
2010	82,001
2011	82,001
2012	61,501
Total minimum lease payments	**389,505**
Amount representing interest	52,497
Balance of the obligation	**337,008**
Less current portion	70,949
Long term portion	**266,059**

5. Mortgage Payable

(in dollars)

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Oustanding 2007	2006
Cypress Lodge Nursing Home CMHC, due February 1, 2023	7.50%	$31,638 principal and interest	$ 295,682	$ 305,102
Gull Lake & District Special Care Home CMHC, due August 1, 2026	8.00%	$44,751 principal and interest	444,652	454,007
Herbert Nursing Home CMHC, due February 1, 2020	4.52%	$55,947 principal and interest $15,952 is subsidized by SHC yielding and effective interest rate of 2%	547,785	578,446
Prairie View Health Centre CMHC, due June 1, 2022	4.17%	$26,370 principal and interest $9,333 is subsidized by SHC yielding and effective interest rate of 1%	297,892	311,633
Swift Current Care Centre CUCORP, due October 1, 2019 Renewal date - October 1, 2014	5.15%	$104,592 principal and interest	955,349	1,009,211
Western Senior Citizen Home CMHC, due February 1, 2025	8.00%	$25,484 principal and interest	244,385	250,378
			2,785,745	2,908,777
Less : Current Portion			129,417	122,706
			$ 2,656,328	$ 2,786,071

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years is estimated as follows:

2008	$ 129,417
2009	132,156
2010	139,846
2011	147,967
2012	156,525
2013 and subsequent	2,079,834

6. Deferred Revenue

Program	Balance Beginning Of Year	Less Amount Recognized	Add Amount Received	Balance End Of Year
SASK HEALTH				
Team Facilitator	69,644	65,219	78,600	83,025
Professional Development	70,781	32,123	32,123	70,781
Primary Care Funding	31,120	31,120	-	-
Aboriginal Representative Workforce	32,437	27,062	12,210	17,585
Successful Mothers funding	12,607	12,607	-	-
Smoking transitional funding	8,085	-	-	8,085
Quality Workplace	161,625	225,116	300,407	236,916
HIPA Implementation	17,640	12,789	-	4,851
MDS Home Care Pilot	61,145	61,145	-	-
Primary Care Team development	100,000	-	-	100,000
Emergency Deptartment Coverage	11,889	1,359,933	1,366,008	17,964
Healthline Promotion	7,500	5,142	-	2,358
RNNP Leader Project	54,848	156,330	178,900	77,418
Primary Care Admin	29,819	157,039	145,000	17,780
Enhanced Public Health	46,125	-	-	46,125
Home Care Accord	44,972	74,600	100,000	70,372
Immunization Management	9,000	9,000	-	-
Project Hope	30,154	78,635	70,000	21,519
Youth Detox Program	-	12,440	50,000	37,560
Safety Engineered Sharps Device Implementation	43,254	43,254	-	-
Parent Mentoring	-	-	8,000	8,000
Nursing Recruitment	-	-	60,000	60,000
STABLE funding	-	-	5,000	5,000
Regional Hospital Move	-	-	300,000	300,000
Total Sask Health	**$ 842,645**	**$ 2,363,554**	**$ 2,706,248**	**$ 1,185,339**
Non Sask Health Initiatives				
ABI Program Funding	$ 30,273	$ 65,640	$ 63,527	$ 28,160
Recruitment/Retention	5,622	-	-	5,622
Mental Health Conference	11,640	-	-	11,640
Quality Workplace - SRNA	10,764	1,012	-	9,752
Whose Job is it Anyway	5,500	-	-	5,500
SGI settlement (Mankota)	37,829	37,829		-
Total Non Sask Health	**$ 101,628**	**$ 104,481**	**$ 63,527**	**$ 60,674**
Total Deferred Revenue	**$ 944,273**	**$ 2,468,035**	**$ 2,769,775**	**$ 1,246,013**

7. Net Changes in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2007	2006	Capital Fund	Community Trust Fund	Total 2007	Total 2006
(Increase) Decrease in accounts receivable	$ 1,703,005	$ (2,164,137)	$ 1,143,341	$ (51,528)	$ 1,091,813	$ (1,569,599)
(Increase) Decrease in inventory	(31,767)	35,111	-	-	-	-
(Increase) Decrease in prepaid expenses	(201,647)	(40,930)	-	-	-	-
(Increase) Decrease in other current assets	537,736	(165,986)	4,466	-	4,466	4,465
Increase (Decrease) in accounts payable	1,298,838	1,214,737	(1,690,105)	-	(1,690,105)	3,227,810
Increase (Decrease) in accrued salaries	(2,581,142)	2,120,421	-	-	-	-
Increase (Decrease) in vacation payable	178,440	687,843	-	-	-	-
Increase (Decrease) in deferred revenue	301,740	(402,732)	-	-	-	-
	$ 1,205,203	$ 1,284,327	$ (542,298)	$ (51,528)	$ (593,826)	$ 1,662,676

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2007 was $42,149 (2006- $32,312).

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2007

	2007	2006
Revenues		
Saskatchewan Government Insurance	$ 118,727	$ 148,643
Sask Worker's Comp Board	157,596	149,276
Related Party Revenues	$ 276,323	$ 297,919
Expenditures		
SaskTel	$ 457,248	$ 489,848
SaskPower Corp	387,658	393,369
Saskatchewan Association of Health Organizations	2,767,670	2,610,524
Saskatchewan Energy Corp	623,580	711,693
Sask Property Management	606,170	670,342
Sask Worker's Comp Board	997,518	1,051,729
Sask Health Employees Pension Plan	2,959,494	2,799,031
Sask Government Insurance	29,656	12,703
University of Saskatchewan	39,818	79,970
Regina Qu'appelle Health Region	152,176	79,594
Saskatoon Health Region	27,106	37,071
Related Party Expenditures	$ 9,048,094	$ 8,935,874
Accounts Payable		
SaskTel	$ 37,766	$ 76,989
SaskPower Corp	29,810	27,680
Saskatchewan Association of Health Organizations	299,349	502,959
Saskatchewan Energy Corp	98,075	75,149
Sask Property Management	60,748	15,524
Sask Worker's Comp Board	128,638	86,079
Sask Health Employees Pension Plan	344,965	226,448
Regina Qu'appelle Health Region	155,690	-
Related Party Payable	$ 1,155,041	$ 1,010,828

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

b) Health Care Organizations

i) Community Based Organizations (CBOs) and Third Parties

The RHA has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBOs and Third Parties:

	2007	2006
McKerracher Support Services Inc	$ 103,048	$ 100,417
Canadian Mental Health Association	113,927	106,646
Gull Lake Ambulance	109,224	91,777
Ponteix Ambulance	174,899	146,938
Val Marie Ambulance	104,793	67,440
Frontier Ambulance	123,180	85,291
Swift Current Ambulance	681,753	592,358
	$ 1,410,823	$ 1,190,867

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by a privately owned affiliate. The Act requires the affiliate to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. The following presentation discloses the amount of funds granted to the affiliate:

	2007	2006
Foyer St. Joseph Nursing Home	$ 1,332,731	$ 1,214,857

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entities for the years ended March 31, 2007 and 2006.

CYPRESS REGIONAL HEALTH AUTHORITY
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
As at March 31, 2007

	Total 2007	Total 2006
Balance Sheet		
Assets	$ 528,706	$ 521,692
Net Capital Assets	427,865	409,021
Total Assets	$ 956,571	$ 930,713
Total Liabilities	$ 167,166	$ 190,877
Total Net Assets (Fund Balances)	789,405	739,836
Total Liabilities & Fund Balances	$ 956,571	$ 930,713
Results of Operations		
RHA Grant	$ 1,332,731	$ 1,214,857
Other Revenues	477,217	429,957
Total Revenue	1,809,948	1,644,814
Salaries & Benefits	1,524,340	1,373,034
Other Expenses	197,282	182,575
Total Expenses	$ 1,721,622	$ 1,555,609
Excess Revenue over Expenses	$ 88,326	$ 89,205
Cash Flows		
Cash from Operations	$ 66,028	$ 65,411
Cash used in Financing Activities	(26,501)	(23,730)
Cash provided by (used in) Investing Activities	-	2,395
Increase/(Decrease) in cash	$ 39,527	$ 44,076

iii) Fundraising Foundations
Fundraising efforts are undertaken through a non-profit business corporation known as the Dr. Noble Irwin Regional Healthcare Foundation (the Foundation). The RHA has an economic interest in the Foundation. The Foundation's total expenses include contributions of $2,087,883 (2006 - $116,963) to the RHA. The Foundation has committed approximately $1.66 million for the construction of the new regional hospital, and $3.62 million for the purchase of equipment and furnishings for the new regional hospital.

10. Comparative Information
Certain 2005-06 balances have been reclassified to conform to the current year's presentation.

11. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP)- This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services. Pension expense for the year amounted to $3,351,667 (2006 - $2,878,271) and is included in benefits in Schedule 1.

12. Budget

The RHA Board approved the 2006-07 budget plan on June 1, 2006.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  cash and short-term investments
  accounts receivable
  accounts payable
  accrued salaries and vacation payable

- For investments, the fair value is considered to approximate quoted market values.

- The fair value of mortgages payable before the repayment required within one year is $3,079,426 (2006 - $3,021,668) and is determined using the discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

d) Short-term Borrowing/Operating Line-of-credit
The RHA has a line-of-credit limit of $1,300,000 (2006 - $1,300,000) with an interest charged at prime less 1/2% which is re-negotiated annually. The line-of-credit is secured by region assets. Total interest paid on the line-of-credit in 2006 was $ nil (2006 - $ nil).

14. Interfund Transfers
Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2007			2006		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ -	$ 2,381	$ (2,381)	$ -	$ 72,000	$ (72,000)
Capital asset purchases		6,880	(6,880)	(42,139)	50,467	(8,328)
CMHC reserves	-	-	-	-	-	-
Mortgage payments	(104,028)	104,028	-	(104,638)	104,638	-
Other	-	-	-			-
	$ (104,028)	$ 113,289	$ (9,261)	$ (146,777)	$ 227,105	$ (80,328)

15. Volunteer Services
The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Community Generated Funds
Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $1,434,723 (2006 - $1,434,550) under these agreements. The assets are not property of the RHA and are therefore not included as part of the assets of the Board.

Following is the status of the trust funds at March 31, 2007:

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets, and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health related purposes. The pre-amalgamation agreements outline how the funds are to be used and administered.

17. Contingent Liability
Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time there are outstanding reconsiderations on which the Steering Committee has yet to reach a final decision. The results of outstanding reconsiderations are currently unknown therefore the cost of these reconsiderations cannot be reasonably determined.

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Expenses

Schedule 1

for the year ended March 31, 2007

	Budget 2007	Actual 2007	Actual 2006
Operating:			(Note 10)
Board costs	$ 114,800	$ 84,652	$ 80,842
Compensation - Benefits	9,983,084	10,305,737	9,714,984
Compensation - Salaries	54,451,302	55,071,245	51,735,975
Diagnostic imaging supplies	222,100	147,081	151,127
Drugs	965,508	1,281,503	1,016,412
Food	1,508,945	1,597,771	1,461,033
Grants to ambulance services	1,193,849	1,197,004	988,628
Grants to third parties	1,559,006	1,840,727	2,990,479
Housekeeping and laundry supplies	743,389	743,806	703,834
Information technology contracts	272,383	263,598	198,860
Insurance	238,377	227,512	222,015
Interest	5,000	29,372	13,012
Laboratory supplies	815,850	822,286	817,554
Medical and surgical supplies	1,634,276	1,860,072	1,514,416
Medical remuneration and benefits	7,030,721	7,274,627	6,555,902
Office supplies and other office costs	985,490	953,437	968,047
Other	1,158,373	790,944	1,104,872
Other referred out services	109,948	75,092	69,080
Professional fees	612,193	656,037	530,568
Prosthetics	235,000	321,663	253,070
Purchased services	257,461	267,631	69,736
Rent/lease costs	505,225	683,843	479,291
Repairs and maintenance	891,859	920,712	929,177
Service contracts	679,111	540,109	328,630
Travel	1,043,275	1,104,320	982,952
Utilities	2,326,390	2,061,999	1,914,914
	$ 89,542,916	$ 91,122,781	$ 85,795,410
Restricted :			
Amortization		$ 1,895,581	$ 1,581,549
Loss/(Gain) on disposal of fixed assets		-	-
Mortgage interest expense		168,159	157,625
Other		40,018	4,210
		$ 2,103,758	$ 1,743,384

CYPRESS REGIONAL HEALTH AUTHORITY

SCHEDULE OF CONSOLIDATED INVESTMENTS

for the year ended March 31, 2007

Schedule 2

	Amount	Maturity	Effective Rate
Restricted Investments			
Cash and Short Term			
Chequing and Savings :			
Concentra	$ 3,642,231		
Royal Bank (Shaunavon)	273,002		
Sandhills Credit Union (Leader)	119,689		
Cypress Credit Union (Maple Creek)	35,568		
Credit Union (Eastend)	5,818		
Royal Bank (Climax)	28,480		
CIBC (Mankota)	13,012		
	$ 4,117,800		
Short Term Investments:			
Eastend Credit Union	$ 150,000	10/07/2007	3.84%
CIBC (Mankota)	37,626	06/06/2007	3.95%
Cypress Credit Union (Maple Creek)	360,000	08/04/2007	3.80%
Cypress Credit Union (Maple Creek)	360,000	07/02/2008	4.00%
	$ 907,626		
Total Cash & Short Term Investments	$ 5,025,426		
Long Term			
Various Membership Equities	$ 4,466		
	$ 4,466		
Total Restricted Investments	**$ 5,029,892**		
Unrestricted Investments			
Cash and short term			
Chequing and savings			
Concentra	$ 6,731,996		
Petty Cash	7,210		
Petty Cash (Trust)	1,250		
RBC Dominion Securities	44,053		
BMO Nesbitt Burns	634		
	$ 6,785,143		
Short Term Investments			
Government of Canada Bond	$ 1,371,037	01/06/2007	2.00%
Canada Savings bond	200,000	01/11/2006	2.00%
Government of Canada Treasury Bills	223,567	10/04/2007	3.98%
	$ 1,794,604		
	$ 8,579,747		
Long Term			
Canada Savings Bond	$ 45,000	01/11/2016	2.00%
Various Membership Equities	6,642		
	$ 51,642		
Total Unrestricted Investments	**$ 8,631,389**		
Total Investments	**$ 13,661,281**		
Restricted & Unrestricted Totals			
Total Cash & Short Term	$ 13,605,173		
Total Long Term	56,108		
Total Investments	**$ 13,661,281**		

Restricted Investments consist:

- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Department of Community Resources and Employment)(SHC) are held in the Capital Fund (Schedule 4)
- Donations and internally restricted reserves

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Externally Restricted Funds

for the year ended March 31, 2007

Schedule 3

OPERATING FUND

Balance, beginning of year	Investment Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
$ 110,988	$ -	$ 112,881	$ (74,564)	$ -	$ 149,304
$ 110,988	**$ -**	**$ 112,881**	**$ (74,564)**	**$ -**	**$ 149,304**

CAPITAL FUND

Balance, beginning of year	Investment Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
$ 1,682,698	$ -	$ 52,677	$ (1,226,800)	$ (14,022)	$ 494,553
266,434	-	-	-	(266,434)	-
$ 1,949,132	**$ -**	**$ 52,677**	**$ (1,226,800)**	**$ (280,456)**	**$ 494,553**

COMMUNITY TRUST FUND EQUITY

Balance, beginning of year	Investment & Other Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
$ 604,207	$ 23,289	$ -	$ (20,000)	$ -	$ 607,496
162,102	5,969	-	(20,000)	-	148,072
262,450	10,552	-	-	-	273,002
160,250	2,466	-	(6,898)		155,818
98,377	3,789	6,662	-	(58,190)	50,638
97,612	1,987	-	-	-	99,598
27,380	1,101	-	-	-	28,480
19,842	248	-	-	-	20,090
2,330	51	-	-	(2,381)	-
		58,190		(6,662)	51,528
$ 1,434,550	**$ 49,451**	**$ 64,852**	**$ (46,898)**	**$ (67,233)**	**$ 1,434,723**
$ 3,494,669	**$ 49,451**	**$ 230,410**	**$ (1,348,262)**	**$ (347,689)**	**$ 2,078,579**

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Internally Restricted Funds

(Capital and Operating Fund Equity)

for the year ended March 31, 2007

Schedule 4

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, end of of year
Capital						
SHC Replacement Reserves						
Cypress Lodge	$ 121,597	$ 4,884	$ -	$ -	$ (3,739)	$ 122,742
Gull Lake Special Care Centre	100,770	4,048	-	-	-	104,818
Herbert Nursing Home	94,793	3,808	3,739	-	-	102,340
Western Senior Citizen Home	80,238	3,223	-	-	-	83,461
Total SHC	$ 397,399	$ 15,963	$ 3,739	$ -	$ (3,739)	$ 413,361
Other Internally Restricted Funds						
Saskatchewan Health restricted						
Capital Funding Fiscal 2006-07	$ -	$ -	$ 580,000	$ (102,060)	$ -	$ 477,940
SHIN Capital Fund	-	-	-	266,434	-	266,434
Diagnostic Imaging Funding 2006-07	-	-	138,762	-	-	138,762
Diagnostic Imaging Funding 2005	109,809	-	-	-	-	109,809
Infastructure Funding fiscal 2006-07	-	-	120,000	(52,051)	-	67,949
Facility Assessment funding	-	-	65,000	-	-	65,000
Capital Funding Fiscal 2005-06	379,106	-	-	(379,106)	-	-
Capital Funding Fiscal 2004-05	21,440	-	-	(21,440)	-	-
Infrastructure funding	51,316	-	-	(51,316)	-	-
Maple Creek Fire Code	6,000	-	-	(6,000)	-	-
Region restricted						
Cypress Regional Hospital Fire Code	$ 413,314	$ 16,602	$ -	$ -	$ (429,916)	$ -
Eastend Wolf Willow Health Centre	51,572	2,072	-	-	-	53,644
General Capital	14,668	-	-	-	(14,668)	-
Ambulance Replacement	102,301	2,958	-	-	(105,259)	-
Information Technology Reserve	10,489	303	-	-	(10,792)	-
Total Capital	$ 1,557,414	$ 37,897	$ 907,501	$ (345,539)	$ (564,374)	$ 1,592,899
Operating						
Other Internally Restricted Funds						
Home Care Stabilization	$ 223,005	$ -	$ -	$ (223,005)	$ -	$ -
Education Reserves	81,468	-	-	(81,468)	-	-
Information Technology Reserve	43,505	-	-	(43,505)	-	-
Home Care Education	7,960	-	-	(7,960)	-	-
Addiction Services	6,844	-	-	(6,844)	-	-
Total Operating	$ 362,782	$ -	$ -	$ (362,782)	$ -	$ -
Total Internally Restricted Funds	**$ 1,920,196**	**$ 37,897**	**$ 907,501**	**$ (708,321)**	**$ (564,374)**	**$ 1,592,899**

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. The above schedule shows the changes in the reserve balances during the year

CYPRESS REGIONAL HEALTH AUTHORITY

CONSOLIDATED SCHEDULES OF

BOARD MEMBER REMUNERATION

for the year ended March 31,2007

Schedule 5

Board Member	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2007 total	2006 total
Lafreniere, Dennis	$ 9,960	$ 11,531	$ 3,546	$ 6,197	$ 1,784	$ 1,114	$ 34,132	$ 25,657
Deg, Bruce	-	3,625	325	1,830	-	122	5,902	2,654
Donnelly, Lois	-	4,650	748	834	-	194	6,425	4,598
Elderkin, Barry	-	2,075	1,095	1,886	-	111	5,167	11,701
Etter, Shirley	-	-	-	-	-	-	-	1,596
Goddard, Betty	-	4,331	1,034	1,335	-	-	6,700	6,271
Heeg, Ronald	-	3,963	593	1,598	-	-	6,153	3,293
MacArthur, Allan	-	-	-	-	-	-	-	8,050
Scmaltz, Jeannine	-	2,425	948	1,595	-	97	5,065	
Thibault, Alma	-	-	-	-	-	-	-	1,162
Walker, Louise	-	2,525	288	27	-	86	2,925	
Whiteside, Brian	-	3,875	138	445	-	125	4,583	3,085
Yee, Audrey	-	3,375	388	65	-	113	3,940	4,857
Total	$ 9,960	$ 42,375	$ 9,100	$ 15,812	$ 1,784	$ 1,963	$ 80,993	$ 72,924

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE

for the year ended March 31,2007

	2007					2006		
Senior Employees	Salaries [1]	Benefits and Allowances [2]	Sub-total	Severance Amount	Total	Salaries, Benefits and Allowances	Severances	Total
Jim Hornell - CEO	$ 81,493	$ 20,677	$ 102,169	$ -	$ 102,169	$ -	$ -	$ -
Andrew Will - CEO	44,886	-	44,886	-	44,886	140,944	-	140,944
Kim Kruse - Director	63,170	150	63,320	-	63,320	56,305	-	56,305
Bryce Martin - Executive Director	88,659	75	88,734	-	88,734	80,055	-	80,055
Beth Vachon - Executive Director	118,273	532	118,805	-	118,805	97,146	-	97,146
Randy Belon - Executive Director	-	-	-	8,458	8,458	106,634	72,946	179,580
Beth Adashynski - Executive Director	91,892	2,719	94,611	-	94,611	-	-	-
Darold Sturgeon - Executive Director	124,625	1,103	125,728	-	125,728	104,489	-	104,489
Brenda Schwan - Executive Director/Acting CEO	160,256	-	160,256	-	160,256	97,556	-	97,556
Christine Mirka - Executive Director	117,850	787	118,637	-	118,637	101,365	-	101,365
Dr. Khami Chokani - Medical Health Officer	153,532	-	153,532	-	153,532	146,478	-	146,478
Dr. I Radevski - Chief of Staff	114,586	-	114,586	-	114,586	110,293	-	110,293
	$1,159,222	$ 26,043	$1,185,265	$ 8,458	$1,193,723	$1,041,265	$ 72,946	$1,114,211

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

GOVERNANCE AND TRANSPARENCY

The Regional Health Authority #3 was established on August 1, 2002 with the proclamation of *The Regional Health Services Act*. The Authority assumed the operations of the former Rolling Hills, Southwest, and Swift Current Health Districts as of this date.

The geographic boundaries pertaining to Regional Health Authority #3 was named the *Cypress Health Region* and the governing body assumed the name of the *Cypress Regional Health Authority*.

As per *The Regional Health Services Act*, there are to be twelve members serving on the *Cypress Regional Health Authority* and are appointed by the Lieutenant Governor in Council. These members represent the diversity of the health region from a mixture of rural and urban backgrounds.

As of March 31, 2007, the Authority included the following ten members:

Dennis Lafreniere (Chairperson)	Swift Current
Ron Heeg (Vice-Chairperson)	Swift Current
Bruce Deg	Swift Current
Lois Donnelly	Swift Current
Betty Goddard	Cabri
Jeannine Schmaltz	Prelate
Alma Thibault	Ponteix
Louise Walker	Swift Current
Brian Whiteside	Swift Current
Audrey Yee	Swift Current

*** Barry Elderkin (Maple Creek) ended his relationship with the Authority in August 2006.*

CYPRESS REGIONAL HEALTH AUTHORITY (April 2007)

Back row, left to right: Brian Whiteside, Dennis Lafreniere, Bruce Deg, Betty Goddard, Ron Heeg, Jim Hornell (Chief Executive Officer)

Front row, left to right: Audrey Yee, Lois Donnelly, Alma Thibault, Jeannine Schmaltz, Louise Walker

Roles and Responsibilities

The Regional Health Services Act defines the roles and responsibilities of the Minister of Health and the Regional Health Authority. The Minister and the RHA Boards work in conjunction to ensure coordinated province-wide planning for the health system.

The Regional Health Authority is responsible for the planning, organization, delivery and evaluation of the health services it is to provide within its region or any other area directed by the Minister. Specifically, the RHA is responsible for:

- Strategic planning;
- Fiscal management and reporting;
- Building and maintaining key relationships with stakeholders;
- Quality management initiatives;
- Monitoring, evaluation and reporting of performance indicators; and,
- Monitoring the management and performance of the Authority and Chief Executive Officer.

Organization and Committee Structure

The Cypress Regional Health Authority discusses issues as a committee-of-the-whole and is supported by the existence of an Executive Committee, whose responsibilities are determined by Authority-approved Terms of Reference. The Authority will utilize ad hoc committees, whose

membership will consist of Authority members, the Chief Executive Officer, and other members of the Senior Management Team (when required) to deal with specific issues.

To support the Authority in fulfilling its responsibilities, members participate in a variety of other committees including (but not limited to) the Leadership and Partnerships Quality Team, other Quality Teams, Ethics Committee, Community Advisory Committees, and the Regional Hospital Capital Project Planning Committee.

Community Advisory Networks

The Regional Health Services Act requires each Authority to develop a process where public input and feedback is solicited to provide the Authority with advice respecting the provision of health services in the health region. These opportunities to consult with the "community" provide information on broad issues related to the health of the community and help the Authority to better understand the needs and priorities of communities and their residents.

During the fiscal year, the Authority has been involved in the development of a three year strategic plan. One phase of this development has involved the coordination of consultations with five Community Leadership Networks which are comprised of representatives from the eighty municipal councils within the health region's boundaries. These Community Leadership Networks will continue into the future and will serve as a major element of the community advisory process.

The Authority also utilizes an informal community consultation structure that takes advantage of existing intersectoral relationships that are already in place. Board and administration representatives have welcomed the opportunity to visit municipal councils across the region to discuss health care concerns and issues. This approach will be continued into the future as the Board attempts to enhance its open and transparent relationship with its municipal partners.

Other consultative processes that are being utilized include discussions at Regional Intersectoral Committee meetings, Southwest Municipal Government Forums, Chambers of Commerce, education and other community stakeholder groups, and former health-district related advisory and trust committees. Specific examples include home care staff's relationship with personal care homes and other unlicensed care facilities, emergency medical services staff relationship with Emergency Medical Organizations (EMO) across the region, development of Community Action Teams to engage communities in the Population Health Promotion Strategy and the Southwest Drug Strategy Committee, and primary health care staff interactions with communities regarding development of primary health care teams.

All formal and informal means of consulting with the public is beneficial for the strategic direction of the Authority. Plans for the future include focus group consultations in communities throughout the region to discuss several specific themes, including the implementation of the strategic plan, recruitment and retention of health care professionals, sustainability of services, and cost drivers to the health system.

Commitment to Public Transparency

Integrity and accountability are two of the key values that the Authority believes in. They believe in being accessible and accountable to the public and use a variety of ways to ensure that the public has access to information:

- Monthly Regional Health Authority meetings are open to the public to attend and observe. The meetings are extensively advertised in the region's newspapers.
- Existence of established guidelines to facilitate presentations to the Board meetings from interested members of the public or organizations.
- Board meetings rotate through the health region's communities. Local municipal leaders are invited to the meeting and to join the Authority for discussion during the day.
- Regular monthly Authority meeting highlights are distributed to all media contacts throughout the health region, as well as throughout the facilities and offices of the health region for staff viewing. The Authority Chairperson and Chief Executive Officer welcome the opportunity to address issues identified in the monthly meetings with the media.
- Positive working relationships have been established with the media contacts (print, radio, television) to ensure the distribution of public information and public safety issues.
- The Chairperson, Chief Executive Officer and other representatives of the health region are available for presentations to municipal councils, community service groups, community trust committees and for the general public.
- Development and availability of the *Annual Report* document in hard copy format and electronically via the health region's website.
- Development of a new website (www.cypresshealth.ca) which provides internet access to a multitude of information regarding the health region and its communities.
- Payee disclosure lists are available for review.

PAYEE DISCLOSURE LIST

The Cypress Health Region is required to disclose payments by payee for the 2006-07 fiscal year. The Government of Saskatchewan Treasury Board determines the threshold for payees requiring disclosure, and for the 2006-07 fiscal year the minimum threshold is $50,000. The *Payee Disclosure List*s include payments made for: personal services, transfers, supplier payments, and other expenditures.

The *Payee Disclosure Lists* for all Regional Health Authorities in Saskatchewan may be accessed through the Saskatchewan Health website at www.health.gov.sk.ca/ph_rha_reporting.html.

PERFORMANCE MANAGEMENT SUMMARY

In support of *The Action Plan for Saskatchewan Health Care,* Saskatchewan Health developed an *accountability framework* that defines and clarifies the performance relationship between Regional Health Authorities (RHAs) and the province. The Accountability Documents articulate the department's expectations (both high-level organizational, and program-specific) of regions for the funding that is provided. The associated measures/indicators are used in assessing if regions met, or are progressing towards meeting, these expectations.

To demonstrate accountability and transparency to the public, these indicators are reported through this summary table in each region's annual report. For detailed indicator descriptions, please refer to the *Performance Management Accountability Indicators* document on the Saskatchewan Health website at www.health.gov.sk.ca.

Indicator	RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators				
Quality				
Date of last CCHSA accreditation or when accreditation is scheduled *as of March 2007*	June 2004 October 2007	*not applicable*	*not applicable*	*to be determined*
Date when the RHA participated in the Institute for Safe Medication Practices (ISMP) Canada "Hospital Medication Safety Self-Assessment", or when participation is planned *as of March 2007*	April 2005 Summer 2007	*not applicable*	*not applicable*	*to be determined*
Number of client contacts with the Quality of Care Coordinator to raise a concern *2005/2006*	192	*not applicable*	*not applicable*	*not applicable*
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2005/2006*	67%	86%	66% – 99%	*to be determined*
Workforce Planning				
The number of positions sitting vacant for periods longer than six months *[indicator to be developed]*	——	——	——	——

Indicator		RHA Value	Provincial Value	Range	Target
Distribution of health system full time equivalents (FTEs) by affiliation *2006/2007*	Provider Unions (CUPE, SEIU, SGEU)	782.14	*not applicable*	*not applicable*	*not applicable*
	HSAS	69.92			
	OOS/OTHER[1]	73.76			
	SUN	199.42			
	RWDSU[2]	*not applicable*			
	Organization as a whole	1125.24			
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2006/2007*	Provider Unions (CUPE, SEIU, SGEU)	33.12	36.85	16.36 – 91.10	*to be determined*[3]
	HSAS	14.03	25.44	0.25 – 117.97	*to be determined*[3]
	OOS/OTHER[1]	5.67	3.46	0.00 – 16.92	*to be determined*[3]
	SUN	97.96	81.54	27.14 – 368.66	*to be determined*[3]
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*to be determined*[3]
	Organization as a whole	41.62	42.47	17.19 – 131.56	*to be determined*[3]
Worked hours as a percentage of total hours by affiliation *2006/2007*	Provider Unions (CUPE, SEIU, SGEU)	79.1%	78.3%	73.1% – 80.7%	*to be determined*[3]
	HSAS	81.9%	80.8%	75.0% – 83.9%	*to be determined*[3]
	OOS/OTHER[1]	84.5%	82.5%	76.4% – 84.5%	*to be determined*[3]
	SUN	75.4%	74.7%	63.7% – 77.9%	*to be determined*[3]
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*to be determined*[3]
	Organization as a whole	79.0%	78.1%	72.5% – 80.7%	*to be determined*[3]
Number of sick leave hours per full time equivalent (FTE) by affiliation *2006/2007*	Provider Unions (CUPE, SEIU, SGEU)	90.33	89.78	71.62 – 107.61	*to be determined*[3]
	HSAS	52.07	65.62	44.65 – 92.53	*to be determined*[3]
	OOS/OTHER[1]	27.68	47.34	27.68 – 61.46	*to be determined*[3]
	SUN	70.82	89.34	63.83 – 96.84	*to be determined*[3]

Indicator		RHA Value	Provincial Value	Range	Target
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*to be determined*[3]
	Organization as a whole	80.39	84.12	64.15 – 93.63	*to be determined*[3]
Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2006/2007*		7.11	7.67	0.53 – 10.00	*to be determined*[3]
Number of lost-time WCB days per 100 full time equivalents (FTEs) *2006/2007*		236.66	468.45	38.43 – 766.40	*to be determined*[3]
Percentage of employees self-identifying as Aboriginal *2005/2006*[4]		*not available*	*not available*	*not applicable*	*to be determined*
Number of clinical placements offered and taken within the region / SCA *[indicator to be developed]*		———	———	———	———
Financial					
Surplus (deficit) *2006/2007*		$153,261	*not applicable*	$90,050 – $7,861,926[29]	$0
Surplus (deficit) as a percentage of actual operating expenditures *2006/2007*		0.2%	*not applicable*	0.1% – 9.0%[29]	0.0% – 0.5%
Working capital ratio (current ratio) *2006/2007*		1.18	*not applicable*	0.23 – 1.81[29]	*to be determined*
Number of days able to operate with working capital *2006/2007*		(3.82)	*not applicable*	(61.97) – 28.71[29]	*to be determined*
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported *2006/2007* *[yes/no indicator]*	Q1	Yes	*not applicable*	*not applicable*	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			
Capital					
Annual equipment maintenance costs as a percentage of annual equipment replacement costs *[indicator to be developed]*		———	———	———	———

Indicator		RHA Value	Provincial Value	Range	Target
Program-Specific Indicators					
Province-Wide Services					
Number of patients as a percentage of agreed on target for magnetic resonance imaging (MRI) services[5] *2006/2007*		*not applicable*	102.4%	101.2% – 103.3%	100%
Number of exams as a percentage of agreed on target for magnetic resonance imaging (MRI) services[5] *2006/2007*		*not applicable*	90.6%	85.9% – 93.1%	100%
Number of actual hours of operation for magnetic resonance imaging (MRI) services[5] *2006/2007*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Number of patients as a percentage of agreed on target for computed tomography (CT) services[6] *2006/2007*		111%	98.0%	93.5% – 111.0%	100%
Number of exams as a percentage of agreed on target for computed tomography (CT) services[6] *2006/2007*		106.2%	107.3%	73.5% – 125.6%	100%
Number of actual hours of operation for computed tomography (CT) services[6] *2006/2007*		1618	*not applicable*	*not applicable*	*to be determined*
Number of patients as a percentage of agreed on target for bone mineral densitometry (BMD) services[5] *2006/2007*		*not applicable*	90.5%	78.4% – 101.7%	100%
Number of actual hours of operation for bone mineral densitometry (BMD) services[5] *2006/2007*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Number of patient years of dialysis provided in the current fiscal year[7] *2006/2007*		11.61	*not applicable*	*not applicable*	*to be determined*
Current fiscal year's chronic kidney disease services levels as compared to previous fiscal year's levels[8] *As at December 31, 2006*	Number of chronic renal insufficiency patients	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Number of peritoneal dialysis patients	*not applicable*			
	Number of home unit chronic hemodialysis patients	*not applicable*			
	Number of north/south chronic hemodialysis patients	*not applicable*			

Indicator		RHA Value	Provincial Value	Range	Target
Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB)[9] *2005/2006*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Length of stay efficiency of inpatient rehabilitation programs – Wascana Rehabilitation Centre and Saskatoon City Hospital[10,11] *2005/2006*	Stroke	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Brain Dysfunction	*not applicable*			
	Spinal Cord Dysfunction	*not applicable*			
	Orthopaedic Conditions	*not applicable*			
	Neurological Conditions	*not applicable*			
	Amputation of Limb	*not applicable*			
	Major Multiple Trauma	*not applicable*			
	Medically Complex	*not applicable*			
	Debility	*not applicable*			
	Cardiac	*not applicable*			
	Pulmonary	*not applicable*			
	Arthritis	*not applicable*			
	Pain Syndrome	*not applicable*			
	Other	*not applicable*			
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre[12] *2005/2006*	Child / Youth	86.4%	*not applicable*	*not applicable*	*to be determined*
	Adult	85.7%			
Acute Care					
Percentage of surgical cases performed as day surgery[13] *2006/2007*		67.3%	56.3%	39.1% – 74.8%	*not applicable*
Number and percentage of surgical cases on wait list that have already waited over 12 months[13] *2006/2007*	Number	0	*not applicable*	*not applicable*	*not applicable*
	Percentage	0.0%	19.9%	0.0% – 23.8%	10%

Indicator		RHA Value	Provincial Value	Range	Target
Number and percentage of surgical cases on wait list that have already waited over 18 months[13] *2006/2007*	Number	0	*not applicable*	*not applicable*	*not applicable*
	Percentage	0.0%	9.5%	0.0% – 12.0%	0%
Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames[13] *2006/2007*	Priority Level I within 3 weeks	70.3%	57.3%	43.7% – 97.4%	95%
	Priority Level II within 6 weeks	82.4%	43.8%	0.0% – 96.6%	90%
	Priority Level III within 3 months	91.5%	63.9%	43.3% – 100.0%	90%
	Priority Level IV within 12 months	99.7%	88.0%	79.3% – 100.0%	90%
Cumulative number of surgical cases performed as a percentage of target and variance from target[13] *2006/2007*	Percentage of target	119.2%	98.3%	85.2% – 122.4%	100%
	Variance from target	+355	*not applicable*	*not applicable*	*not applicable*
Institutional Supportive Care					
Average wait time between approval for placement and placement for institutional supportive care services *[indicator to be developed]*		———	———	———	———
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores[14] *as at the end of Q2 2006/2007*		24.61%	21.94%	16.47% – 28.28%	*to be determined*
Case mix index for institutional supportive care facilities[14] *as at the end of Q2 2006/2007*		0.749	0.771	0.725 – 0.800	*to be determined*
Home-Based Supportive Care					
Case mix index for supportive home care services *[indicator to be developed]*		———	———	———	———
Average wait time between referral and assessment for supportive home care services *[indicator to be developed]*		———	———	———	———
Average wait time between assessment and commencement of supportive home care services *[indicator to be developed]*		———	———	———	———

Indicator		RHA Value	Provincial Value	Range	Target
Population Health Services					
Percentage of off reserve schools that are implementing health food nutrition policies *as of September 1, 2006*		0.0%	*not applicable*	0.0% – 27.3%	60% of schools by September 2011
Exclusive breastfeeding rates[15] *2005*		22.51%	21.28%	13.64% – 40.11%	*to be determined*
Percentage of eligible population registered in SIMS and receiving recommended immunization at second birthday[16] *July 1, 2005 to June 30, 2006*	Diphtheria	80.9%	73.5%	50.0% – 87.2%	*to be determined*
	Measles	79.6%	72.5%	67.9% – 86.1%	
Influenza immunization rate per 100 population (age 65 years and over) *2005/2006*		60%	66%	46% – 77%	*to be determined*
Percentage of licensed or regulated facilities inspected each year (pursuant to *The Public Health Act*) *2005/2006 and 2006/2007*	FEE – Food Eating Establishment	45% 38%	*not applicable*	45% – 100% 71% – 100%	80% – 100%
	FPL – Food Processing (Licensed)	67% 30%	*not applicable*	20% – 100% 67% – 100%	
	LA – Licensed Accommodations	39% 38%	*not applicable*	31% – 100% 52% – 100%	
	SP – Swimming Pools	63% 51%	*not applicable*	43% – 100% 45% – 100%	
	Public Water Supplies	62% 12.5%	*not applicable*	20% – 100% 18% – 100%	
Percentage of genital chlamydia cases with complete or required surveillance information in the electronic provincial surveillance system within established time frames *[indicator to be developed further]*		———	———	———	———
Percentage of facilities in compliance with *The Tobacco Control Act* in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns *[data is currently not available due to system implementation issues]*		———	———	———	90% compliance
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers[15] *2005*	Males	28.13%	25.13%	19.95% – 41.75%	*to be determined*
	Females	21.21%	23.30%	16.36% – 32.31%	

Indicator	RHA Value	Provincial Value	Range	Target
Community Care Services				
Average wait time between initial contact and first face-to-face contact for outpatient child and youth mental health services *[indicator to be developed]*	———	———	———	———
Average wait time between initial contact and first face-to-face contact for outpatient adult community mental health services *[indicator to be developed]*	———	———	———	———
Average wait time between initial contact and first face-to-face contact for outpatient psychiatric rehabilitation mental health services *[indicator to be developed]*	———	———	———	———
Alcohol and drug outpatient treatment completion rate per 100 admissions *2005/2006*	56.4%	59.7%	41.8% – 72.2%	*to be determined*
Average wait time for admission to alcohol and drug outpatient services *[data not available]*[17]	———	———	———	———
Problem gambling treatment completion rates per 100 admissions *[indicator to be developed]*	———	———	———	———
Home-Based Acute and Palliative Care				
Average wait time between referral and assessment for acute and palliative home care services *[indicator to be developed]*	———	———	———	———
Average wait time between assessment and commencement of home-based acute and palliative care *[indicator to be developed]*	———	———	———	———
Percentage of palliative home care clients with unresolved pain *[indicator to be developed]*	———	———	———	———
Percentage of palliative home care clients who choose to die at home and receive services in support of that option *[indicator to be developed]*	———	———	———	———
Percentage of patients discharged from acute care to home care with post-acute discharge plan in place on discharge *[indicator to be developed]*	———	———	———	———

Indicator		RHA Value	Provincial Value	Range	Target
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams *March 2007*		11.24%	19.98%	0.00% – 100.00%	25% of SK residents by 2006, 100% by 2011
Number of discrete clients receiving primary health care services in the RHA *2006/2007*	Q1	1534	*not applicable*	*not applicable*	*not applicable*
	Q2	1568			
	Q3	1511			
	Q4	1710			
Number of Healthline calls for the RHA *2006/2007*	Q1	643	*not applicable*	*not applicable*	*not applicable*
	Q2	599			
	Q3	692			
	Q4	816			
	Year as a whole	2750			
Total number of new primary health care teams developed in the current year *2006/2007*		0	*not applicable*	*not applicable*	*not applicable*
Emergency Response Services					
Percentage of calls where the maximum qualification of all personnel on the call was less than Emergency Medical Technician (EMT) *2005/2006*		1.98%	0.73%	0.00% – 17.97%	*to be determined*
Mental Health and Addiction Services					
Average length of stay of mental health inpatients[18] *2005/2006*		10.1	15.4	10.1 – 19.8	*to be determined*
Mental health inpatient readmission rate per 100 mental health inpatients[18] *2005/2006*		19.4%	20.9%	18.4% – 25.7%	*to be determined*
Alcohol and drug inpatient treatment completion rate per 100 admissions[19] *2005/2006*		*not applicable*	69.1%	55.9% – 72.6%	*to be determined*
Average wait time for admission to alcohol and drug inpatient services[20] *February and March 2007*[17]		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug detoxification services[21] *February and March 2007*[17]		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug stabilization services[22] *February and March 2007*[17]		*not applicable*	*not applicable*	*not applicable*	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Average wait time for admission to alcohol and drug long term residential treatment services[23] *[data not available]*[17]		——	——	——	——
Program Support Services					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures *2006/2007*		4.4%	*not applicable*	3.8% – 10.5%[29]	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs
Health Status and Outcome Indicators					
Infant mortality rate per 1,000 live births[24] *2002-2004*		4.0	5.9	4.0 – 10.5	*to be determined*
Low birth weight rate per 100 live births[24] *2002-2004*		5.8	5.4	3.7 – 6.0	*to be determined*
High birth weight rate per 100 live births[24] *2002-2004*		13.4	15.7	12.9 – 31.1	*to be determined*
Potential years of life lost per 100,000 population (age 0 to 74 years)[15] *2001*[25]	Circulatory Diseases	1031.8	951.5	817.9 – 1,208.9	*to be determined*
	All Malignant Neoplasms	1610.6	1,483.1	1,126.0 – 1,706.8	
	All Respiratory Diseases	179.2	222.9	63.5 – 376.5	
	Unintentional Injuries	636.4	1,028.0	636.4 – 2,781.8	
	Suicide and Self-Inflicted Injuries	315.1	412.1	315.1 – 628.5	
Disability-free life expectancy (at birth)[15] *1996*[25]	Males	69.1	66.6	61.8 – 69.2	*to be determined*
	Females	72.5	70.0	63.2 – 72.5	
Disability-free life expectancy (at age 65 years)[15] *1996*[26]	Males	12.1	11.2	8.7 – 12.1	*to be determined*
	Females	13.1	12.7	8.4 – 13.2	
Life expectancy (at birth)[15] *2001*[27]	Males	78.2	76.2	72.1 – 78.2	*to be determined*
	Females	82.8	81.8	76.1 – 82.8	
Life expectancy (at age 65 years)[15] *2001*[27]	Males	18.0	16.9	15.6 – 18.0	*to be determined*
	Females	21.0	20.9	17.2 – 21.8	

Indicator		RHA Value	Provincial Value	Range	Target
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent[15] *2005*		50.28%	52.35%	39.86% – 57.96%	*to be determined*
Percentage of population (age 18 to 64 years) who are overweight or obese[15] *2005*	Overweight (BMI 25.0-29.9)	31.66%	32.52%	30.53% – 36.12%	*to be determined*
	Obese (BMI 30.0+)	22.16%	20.03%	16.88% – 24.19%	
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive[15] *2005*	Active / moderately active	45.44%	48.62%	38.60% – 53.35%	*to be determined*
	Inactive	53.07%	49.52%	44.06% – 58.77%	
Number of visits to a physician for a mental health reason *2005/2006*	General Practitioners	12,783	*not applicable*	*not applicable*	*not applicable*
	Psychiatrists	548			
Age-sex-adjusted diabetes prevalence rate per 1,000 population[28] *2004/2005*		51.1	*not applicable*	41.8 – 95.8	*to be determined*
Injury hospitalization rate per 1,000 population (age 0 to 19 years) *2004/2005*	Males	11.4	10.4	7.3 – 27.0	*to be determined*
	Females	8.4	6.9	4.8 – 12.9	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) *2004/2005*	Males	16.8	14.7	10.5 – 22.0	*to be determined*
	Females	27.4	26.6	19.9 – 38.0	

Notes:

Please refer to the document "Performance Management Accountability Indicators" for detailed indicator descriptions.

1 The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.

2 The RWDSU category is applicable to Regina Qu'Appelle only.

3 Benchmark development is still in progress for the workforce planning indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.

4 The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2005/2006, and is not available for Five Hills, Cypress, Heartland, Prairie North, the Saskatchewan Cancer Agency, or the province as a whole.

5 MRI and bone mineral densitometry indicators are applicable to Regina Qu'Appelle and Saskatoon only.

6 CT indicators are applicable to Cypress, Five Hills, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, Saskatoon, and Sunrise only.

7 Patient years of dialysis indicator is applicable to Cypress, Five Hills, Regina Qu'Appelle, Saskatoon, Kelsey Trail, Prairie North, Prince Albert Parkland, and Sunrise only.

8 Chronic kidney disease services indicator is applicable to Regina Qu'Appelle and Saskatoon only.

9 SHNB indicator is applicable to Prairie North only.

10 "Length of stay efficiency of inpatient rehabilitation programs" indicator is applicable to Regina Qu'Appelle (Wascana Rehabilitation Centre) and Saskatoon (Saskatoon City Hospital) only.

11 Wascana Rehabilitation Centre and Saskatoon City Hospital are not peer facilities, in terms of their inpatient rehabilitation programs. Therefore, their results should not be compared to each other.

12 "Alcohol and drug inpatient treatment completion rate – Calder Centre" is applicable to Saskatoon only.

13 The 2006/2007 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.

14 Due to the small number of institutional supportive care residents in Mamawetan Churchill River and Keewatin Yatthé, the case mix index and pressure sores indicators are not applicable to these regions.

15 Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.

16 The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.

17 Data collection through the Alcohol and Drug Client Information System (ADCIS) will start in April 2007. Results for alcohol and drug inpatient, detoxification, and stabilization services are based on data collected manually in February and March 2007 (Saskatoon detoxification data available for March 2007 only).

18 Mental health inpatient indicators are not applicable to Heartland, Keewatin Yatthé, Kelsey Trail, and Mamawetan Churchill River.

19 "Alcohol and drug inpatient treatment completion rate" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only.

20 "Average wait time for admission to alcohol and drug inpatient services" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland (youth services), Regina Qu'Appelle, and Saskatoon (both adult and youth services) only.

21 "Average wait time for admission to alcohol and drug detoxification services" is applicable to Five Hills, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only.

22 "Average wait time for admission to alcohol and drug stabilization services" is applicable to Regina Qu'Appelle and Saskatoon only.

23 "Average wait time for admission to alcohol and drug long term residential treatment services" is applicable to Prairie North only.

24 Starting 2005/2006, the calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used previously. The time period also changed (three consecutive years, instead of five). Because these measures are calculated on a three-year basis, results are the same as those reported in 2005/2006.

25 Statistics Canada calculates this measure intermittently. The most recent is based on 2000 through 2002 death data and 2001 population estimates. Therefore, results are the same as those reported for 2005/2006.

26 Statistics Canada no longer calculates this measure (a similar measure, "Health Adjusted Life Expectancy (HALE)", exists but is not available at the regional level). Therefore, results are the same as those reported for 2004/2005 and 2005/2006.

27 Statistics Canada calculates this measure every 5 years, based on the latest census (2001). Therefore, results are the same as those reported for 2004/2005 and 2005/2006.

28 Starting 2005/2006, diabetes cases are determined using an enhanced version of the methodology (the prescription drug database is now used along with the hospital separations and physician services databases). Caution should be exercised if comparing results to those presented in the 2004/2005 summary. The age-sex-adjusted rates were calculated using 1996 Statistics Canada Census populations for Saskatchewan by sex and ten-year age groups.

29 Range values are based on data from final, unaudited financial statements.

CYPRESS HEALTH REGION

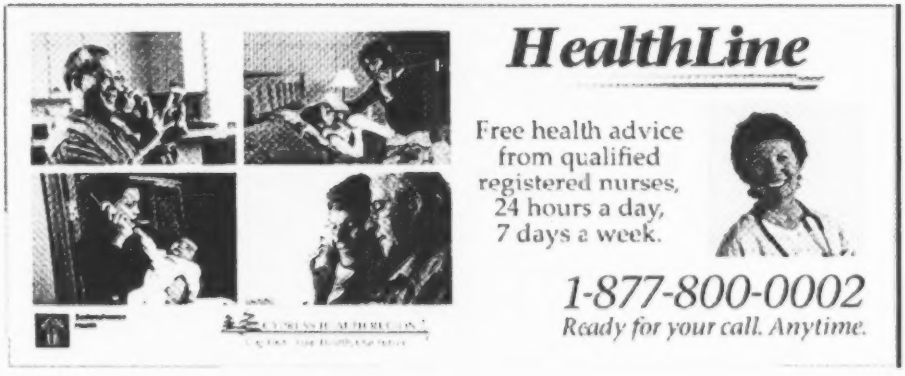
REGIONAL OFFICE
429 – 4TH Avenue North East
Swift Current, Sask.
S9H 2J9

Telephone: (306) 778-5100
Facsimile: (306) 773-9513

General Email Inquiries:
info@cypressrha.ca

Website: www.cypresshealth.ca

Quality Support Coordinator
(health service concerns, comments, bouquets)
1-888-461-7443
or
(306) 778-5115 or (306) 778-5169


HealthLine
Free health advice from qualified registered nurses, 24 hours a day, 7 days a week.
1-877-800-0002
Ready for your call. Anytime.